1. Integrated Urgent Care within East Sussex

This paper provides:

- A summary overview of our strategic approach to Integrated Urgent Care across Sussex;
- An update on the mobilisation of the NHS 111 procurement, including the Clinical Assessment Service;
- Information about the implementation of the Urgent Treatment Centres at the Conquest Hospital in Hastings, the Eastbourne District General Hospital and Lewes Victoria Community Hospital; and
- A summary of our proposal to test out different ways of working at the Hastings Walk-In Centre based at the Station Plaza that will provide the foundations for the development of a future model for a primary care-led hub in Hastings.

It should be noted that the East Sussex CCGs have been reviewing current walk-in centre services in both Eastbourne and Hastings and are now in a position to describe a proposal for Hastings. For Eastbourne, the CCGs have recently started a further engagement process to seek stakeholders' views and feedback to help us further inform the proposal for this service. This will then be presented to the HOSC at their next meeting and may be subject to a formal consultation.

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2. Summary overview of our strategic approach to Integrated Urgent Care across Sussex

2.1. Improving Urgent Care for Patients – the national context

Across the country, people have fed back that the number of different NHS services available to them is confusing, particularly when they need urgent care. Urgent care is a term that describes the range of services for people who need non-emergency treatment that day. This is different from emergency services, like Accident and Emergency (A&E) and 999, which are set up to respond to serious or life-threatening situations.

This is understandable as we have a number of places that offer similar services, have different opening times and are called different things such as urgent care centres, walk-in centres (WICs), minor injuries units (MIUs) and GP health centres.

This means some people are not clear where to go to get the help they need, often ending up in A&E as it is a well-known and trusted service, when they could have been treated quicker and more easily elsewhere. This can put A&E under additional strain, leading to sick patients waiting longer to be treated than they should and hospital staff being put under more pressure.

Having lots of different services all working in different ways means the care we access can be inconsistent and not as joined-up as it could be. This can mean some people do not get the right care they need, where and when they need it.

2.2. Integrated Urgent Care – what do we mean by this?

There is a nationally-mandated Integrated Urgent Care (IUC) Service Specification that sets out a series of principles and standards for the future of urgent care which commissioners and providers are required to meet. Central to these new models of care is the enhanced

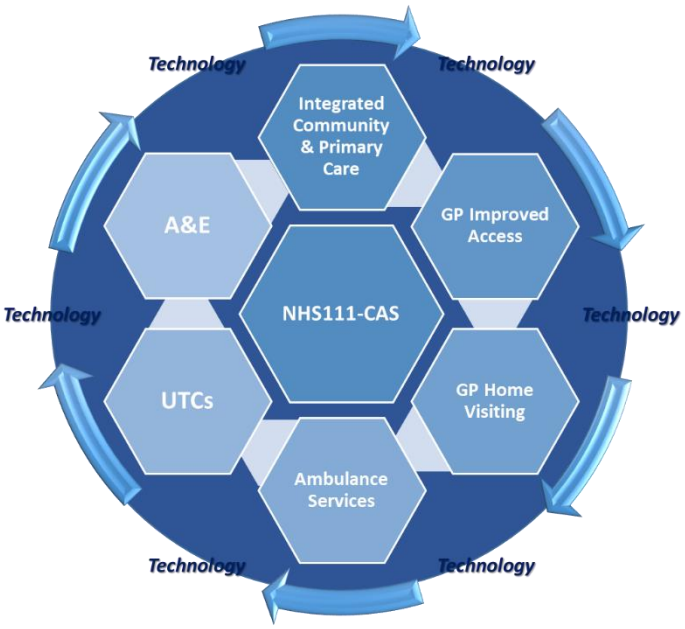
NHS 111 telephone-based Clinical Assessment Service (CAS). This is an integrated 24/7 urgent clinical advice and treatment service.

It is understood that 'face-to-face' services will vary according to local commissioning and patient need but will offer consistency, improved access to community and primary care services, and include the consistent establishment of Urgent Treatment Centres (UTCs). UTCs are required also to meet a standard service specification.

2.3. A consistent model of Integrated Urgent Care for Sussex

The Sussex Health and Care Partnership has 21 partners, including Local Authorities, providers and CCGs, working collaboratively to meet the changing needs of the people who live in the area.

As part of this, across our Sussex Health and Care Partnership, all the CCGs have been working to develop and implement a consistent model for IUC.



Across the Sussex Health and Care Partnership, the principles and standards described above were utilised to develop a strategic networked model for urgent care. This will deliver the optimum model to meet the urgent care needs of the population. It will also make the best use of local service commissioning models and focus on blending and integrating the Sussex health and social care workforce and services.

It is recognised that services for patients can be fragmented across community, acute and primary care providers. The ability to deliver consistent pathways is further impacted by CCG boundaries, which do not always reflect the way patients access services and which have become unsustainable both financially and for our workforce.

Critical to this networked model for urgent care is the principle that services will be standardised so that patients are able to easily understand what is available and how and where to access services when they are needed. Recognising that one size does not fit all, there will be local evidence-based nuances to services to ensure specific needs can continue to be supported.

2.4. Urgent Treatment Centres

These services will be available at least 12 hours every day, will be GP-led, and will be supported by a multi-disciplinary team of other health and social care professionals. They will be equipped to diagnose and treat many of the most common ailments that people often attend A&E for and will provide both a walk-in service and bookable same-day appointments.

UTCs will focus urgent care provision where it is most needed for Sussex. The best places for these UTCs have been determined as being a combination of sites that are either:

- Co-located with existing A&E departments, integrated with A&E workforce and services; or
- At existing community hospitals that will be integrated with community and primary care services.

As UTCs are established, patients will also see primary and community services being developed so that the right services are available where and when they are needed.

2.5. GP Improved Access

Access to GPs and other primary care services has also been extended and improved, to ensure that patients can more easily get appointments, at times and places that suit them, including evenings, weekends and Bank Holidays.

With these new services accessible both through GPs and the NHS 111 CAS, patients will be directly booked into the right place to meet their needs so that they can wait at home rather than in a crowded waiting room, confident that they will be seen and treated in the right place.

2.6. Communications and Engagement Plan

A fully comprehensive communications and engagement plan will be developed for IUC across the Sussex Health and Care Partnership including UTCs. This will ensure consistent messaging for patients and the public across Sussex. In addition, engagement activities will be conducted at a local level and communications will be tailored to our local communities.

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3. An update on the mobilisation of the NHS 111 procurement, including the Clinical Assessment Service

3.1. NHS 111 and the new Clinical Assessment Service

As described above, a key component of our strategic networked model for Urgent Care is the new NHS 111 CAS. This new and improved service will provide 24 hours a day, 7 days a week, 365 days a year access to clinical advice and treatment, available over the phone and online. The new CAS is required to support delivery of the following NHS England (NHSE) mandated IUC Outcomes:

- Data and information can be shared between providers;
- The NHS 111 and urgent multidisciplinary clinical services need to be jointly planned;
- The Summary Care Record (SCR) is available in the CAS and elsewhere;
- Care plans and special patient notes are visible to clinicians within the 111/CAS IUC and in any downstream location of care;
- Appointments can be made to in-hours and to improved access primary care services offering services in the evening and at weekends;
- There is joint governance across Urgent and Emergency Care; and

- Suitable calls are transferred to a CAS comprising GPs and other health care and social care professionals

This work also ensures the delivery of the workforce blueprint which has been developed to ensure that there is a sustainable and optimal call centre workforce with the right skills, behaviours and competencies for the NHS 111 and the new CAS.

3.2. Our local procurement of this service - context

As HOSC were previously advised, the Sussex CCGs stopped the initial NHS 111/CAS procurement process in June 2018 recognising that our strategic model for urgent care was evolving and further work was required to ensure that the new service fully meets our needs. As the work to review this took place, it was agreed to align the Sussex procurement with Kent. The transformation teams in both areas reviewed the options to either procure separately or together. The team undertook financial modelling and this showed there were efficiencies of approximately £2 million that could then be re-invested into the service. Lessons were reviewed on other procurements and for this type of service a larger area is preferable as this offers greater resilience, better staff utilisation and better efficiencies for digital over a larger area.

A 12 month interim contract was negotiated with the current providers of the NHS 111 and GP Out of Hours Services (South East Coast Ambulance Service and Integrated Care 24 respectively) to start to deliver aspects of the IUC outcomes and to allow time to re-procure a new service. The GP OOH Home Visiting services, which were originally part of the NHS 111/CAS contract was removed and is being commissioned separately as a pan-Sussex service. This is following an open tender procurement process with service mobilisation by April 2020.

3.3. What the service will offer

The NHS 111 and CAS in Kent, Medway and Sussex (KMS) will provide:

- NHS 111 telephony and call management provision;
- A CAS across all KMS CCGs, which will accept all ‘Speak to GP’ and ‘Speak to a clinician within the service’ dispositions;
- Advice and support to Health Care Professionals and care homes;
- Co-ordinated clinical governance across all providers within the umbrella of ‘IUC Service’;
- Access to the most appropriate clinician or service for a patient’s need;
- Access to a multi-disciplinary team enabling a robust “hear and treat” delivery of care thereby reducing pressure on Emergency Departments; and
- The ability to directly book patients into services (e.g. improved access GP appointments, UTC appointments).

3.4. How the new service will offer an improved service and improved experience for patients

NHS 111/CAS will provide a vital service to help people with urgent care needs to get assessment, clinical advice and treatment quickly, taking around 15 million calls a year. The service will be further enhanced by increasing clinical consultation for patients calling 111, so that more patients get the care and advice they need over the phone, and only those who genuinely need to attend A&E or use the ambulance service are advised to do so. All other

patients will have their issue resolved over the phone if at all possible, or if not will be directed to appropriate primary care or community services, with an emphasis on strongly supporting patients in self-care.

If it is assessed that a patient needs to access another service, this will be directly arranged by the NHS 111 CAS with the ability to directly book patients into primary care settings, such as UTCs and Improved Access Hubs. The work on this roll out has started and is aimed to be delivered over the coming year. This means that patients will not have to contact other services themselves to get the help they need if the CAS assesses that an appointment is needed. It also reduces the likelihood of long waits to access another service as an appointment time will be agreed and made.

3.5. Our local procurement – update

The participating 15 CCGs Governing Bodies approved the large-scale collaboration for the procurement and the development of a single specification and contract. This agreement included the delegation of authority with respect to contract award to be managed through the KMS NHS 111/CAS Joint Committee.

This single contract is jointly funded by each participating CCG and is for a period of 5 years with up to a 24-month extension option.

3.6. Route to award

The KMS Joint Committee reviewed the evaluation of the bids received and were able to reach a unanimous decision to commence the procurement award process.

South East Coast Ambulance Service (SECAmb) were successful in their bid to deliver the new NHS 111/CAS contract, in partnership with Integrated Care 24 (IC24) as sub-contractors for the service.

The final award of the contract was subject to further assurance processes being undertaken and conditions being met by the bidder, in line with procurement processes, and good progress had been made and assurance gained to enable the decision regarding contract award to be made public.

A robust procurement process has been followed, beginning with Qualification Questions and followed by the Invitation To Tender, with the support of NHS Arden & Greater East Midlands (GEM) Commissioning Support Unit (CSU) who ensured the process and procurement regulations were followed. The documents were evaluated by 51 evaluators from KMS with a variety of skills and roles including workforce, digital, commissioning, clinical (including mental health and pharmacy subject matter experts), public member/Healthwatch, communications, contracting and finance.

As commissioners, we have been encouraged by the level of partnership working between SECAmb and IC24 in developing their bid. Moreover, it is encouraging to see how positively both parties have responded to the immediate conditions required prior to the contract being formally awarded.

For the NHS 111/CAS procurement and mobilisation, the programme has also been required to go through an NHSE checkpoint process. NHSE have stated that the evidence required "*has been received and [we] are pleased to note the clear governance and project management procedures in place*" and has "*received assurance from the CCGs that due process has been followed with their procurement partners so far in relation to this procurement*".

The mobilisation timescale allowed for the existing provider to exit and a new provider to establish the service for NHS 111/CAS. However, as incumbents, the providers are in essence retaining elements of the service, which significantly de-risks mobilisation and will encourage more investment by providers in the current interim service to bring forward the delivery of some of the benefits of the CAS and we are working towards increasing this capability to support winter pressures.

3.7. Mobilisation and next steps

Mobilisation started in early September 2019, with Joint Mobilisation Committee oversight. The key elements of the mobilisation plan will focus on ensuring that we have the right staff and skill mix for the start of this new service. This will be through analysis of the staffing that both providers currently have and identifying what additionally needs to be in place to meet the new requirements.

The new service staff configuration was developed as part of the service workforce modelling and this was reviewed as part of their bid for this contract. This will link back to the workforce blueprint for this service.

Digital will be key to ensure staff are able to track patients as they go through the service and also to be offering patients, where needed, an appointment. There will be a number of check points as part of the roll out to ensure the service delivers on time and that mitigations can be developed should they be necessary.

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4. Information about the implementation of the Urgent Treatment Centres at the following designated sites: Conquest Hospital in Hastings, the Eastbourne District General Hospital and Lewes Victoria Community Hospital

4.1. East Sussex Urgent Treatment Centres

In line with the Sussex-wide model for IUC and the development of UTCs that are either co-located with A&E Departments at hospital sites or developed from existing community hospitals with access to MIUs, the East Sussex CCG Governing Bodies have agreed to establish UTCs at the following sites:

- Conquest Hospital in Hastings;
- Eastbourne District General Hospital (EDGH); and
- Lewes Victoria Hospital.

The East Sussex CCGs have undertaken an independent provider impact assessment across hospital sites and sought appropriate legal advice to make sure the right commissioning models are applied to the establishment of UTCs locally. The CCGs have also undertaken work to analyse and understand the range of services that the Hastings and Eastbourne WICs provide for patients.

As a result of this work, it has become clear that the establishment of the UTCs is not interdependent with the WIC provision as the two services predominantly treat different types of activity. As such, the WICs in Eastbourne and Hastings have been separately reviewed and are subject to proposals that are independent from the UTCs.

There are 27 national standards for UTCs that have previously been shared with the HOSC and these have been included in a service specification for UTCs, which has been developed through the Sussex wide programme for IUC.

In brief, all UTCs are required to meet these standards, among which are some core standards such as:

- UTCs must be GP-led, staffed by GPs, nurses and other clinicians as appropriate;
- UTCs must have access to simple diagnostics, e.g. urinalysis and X-ray; and
- UTCs must offer bookable appointments via NHS 111, ambulance services and from primary care.

4.2. Eastbourne and Hastings Urgent Treatment Centres

In March 2018, as part of the East Sussex CCGs' delivery of early development of IUC, a business case was developed and approved by the Governing Bodies to establish UTCs to be co-located with the A&E departments at the Conquest Hospital in Hastings and EDGH.

This direction has been further underpinned following the evaluation of a pilot programme to stream non-emergency patients to GP clinicians within the acute hospitals. This service is delivering positive outcomes whilst already working in accordance with many of the 27 National UTC Principles and standards for UTCs at both acute sites. The only changes required to establish UTCs to meet the full mandated standards are a revision of internal governance arrangements between services at the hospitals, and better links to diagnostics and to Mental Health services.

From December 2019, and in line with national timescales, these services will be offered at EDGH and Conquest Hospital in Hastings and will aim to offer consistent urgent care services for higher acuity cases.

The UTCs will operate 365 days per year for 12 hours per day. Patients will be referred and booked into the service via NHS 111 CAS or by a GP, while patients who walk into the main A&E will be triaged to either the Emergency Department or the UTC if these settings are appropriate for their care. To support the care provided, UTC staff will have access to key patient information, such as the SCR, other local care records, care/crisis plans, and key patient flags. The service will also be able to offer electronic prescriptions via the NHS Electronic Prescription Service.

An implementation plan is in place to ensure that all standards are fully met in preparation to meet the nationally expected time line of establishment by December 2019. This includes work to ensure the right digital solutions to allow patients to be booked directly into the service as appropriate from NHS 111 and to ensure the right patient information is available to the right clinician. Minimal capital investment has been identified to implement these digital solutions.

The co-location of the UTCs at the acute sites allows the CCGs to:

- Improve the service offered to patients by adding diagnostics and better links to key service to het existing primary care streaming service already available at the hospital sites;
- Reduce the number of patients in A&E whose care could be more appropriately managed by non-emergency services; and
- Deliver cost-effective UTCs to the nationally-mandated timescales (by December 2019).

Equality Health Impact Assessments (EHIA) and a Quality Impact Assessments (QIA) have

been completed to support implementation and both have identified positive outcomes. These include; better liaison between urgent care and specialist services, such as Geriatricians, Mental Health and Maternity Services; a positive experience of care; reducing waiting times within A&E for both emergency and non-emergency patients; and better integration in meeting urgent primary care needs with better access to diagnostics and specialised services.

4.3. Lewes Urgent Treatment Centre

As part of the development of the future model of IUC, each High Weald Lewes Havens (HWLH) MIU was considered for development into a UTC. Based on current and future modelling of patient flows; the planned siting of co-located UTCs at Princess Royal and Pembury Hospitals in line with the Sussex model; and the development of planned integrated models of care between Sussex Community NHS Foundation Trust (SCFT) and local GPs, Lewes Victoria Hospital was identified as the best option in terms of patient need and value for money.

Therefore, and as part of the roll-out of standardised UTCs, the MIU at Lewes Victoria Hospital has been designated for development into a UTC. This will offer an enhanced service in Lewes and, therefore, improved access for local people to the range of services that UTCs provide.

On this basis, capital funding was obtained from NHSE in support of the necessary changes to the building to enable this improvement for local people, and it is further hoped that additional support may be provided by the Friends of Lewes Victoria Hospital.

In order for these significant improvements to be fully delivered, it has been identified that building works will be required to update the existing Minor Injuries Unit into an Urgent Treatment Centre. Pending final confirmation of the required investment, we are currently working through how best to ensure the continued access to Minor Injury services for this local population whilst these anticipated proposed building works take place.

We would expect this to be concluded in the coming weeks and we will advise the HOSC of how this will be managed and the timeline for the full establishment of the planned UTC at the Lewes Victoria Hospital.

There are no plans to downgrade or otherwise reduce service provision at the remaining MIUs within HWLH CCG, located at Uckfield and Crowborough.

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5. A summary of our proposal to test out different ways of working at the Hastings Walk-In Centre based at the Station Plaza that will provide the foundations for the development of a future model for a primary care-led hub in Hastings.

5.1. Introduction

WIC services were originally commissioned to provide routine and urgent primary care for minor conditions, ailments and injuries. Since WICs were established in the late 2000s, we have introduced a range of new services, such as additional primary care appointments late in the evenings and over the weekends through Primary Care Improved Access and other services to meet local needs and in response to national policy (for example through the Sussex-wide IUC programme).

It is within this context that we have worked with our member practices, stakeholders and providers to review the current WIC services in Eastbourne and Hastings, and recognised

that they provide same-day primary care services that patients can now also access through, for example, self-care, their general practice, Primary Care Improved Access, community pharmacy or NHS 111.

This section provides a summary of our proposal for the Hastings WIC. It describes how we are seeking to develop a model based on existing services rather than significantly vary the current offer. As such, whilst we would not anticipate this to be subject to formal consultation, we will want to continue to engage and work with local people as we test out our proposal.

5.2. Our context for this proposal

The ambition set out in the NHS Long-Term Plan is to improve how people access services when they have an urgent need and to move towards greater integration between services that support people. This supports the national and local developments for IUC Services as described throughout this paper.

In response to the national strategic commitments, we have recently put in place additional services to improve and streamline access to community-based services for people with an urgent need and local people now have access to:

- Primary Care Improved Access – up to 1,800 additional appointments per month across Hastings and Rother areas at evenings, weekends and on bank holidays; and
- NHS 111 – a telephone service that is available 24 hours a day, 7 days a week, 365 days a year with fully trained call handlers, including health care experts, who can review patient's symptoms during the call. The intention is that the call handlers will be able to access patients' healthcare records and be able to book appointments with an appropriate health professional if required.

5.3. Our review of services in Hastings

Following the establishment of these additional services and in the context of the national policy to develop IUC services, we have reviewed our current provision of same-day primary care services in Hastings, including the WIC at Station Plaza.

During this process we have also engaged with local people and clinicians to get a better understanding of how they use local services and what is important to them when they need to use emergency, urgent or primary care services. This review helped us to understand the needs of local people in Hastings, and of those who currently use the WIC service.

- Our review indicates that, although we have introduced a range of new services locally, there are particular health needs in the Hastings area including a small but significant group of people with multiple and complex needs who continue to need some additional support to manage their primary care needs.

5.4. Walk in Centre activity profile

In 2018/19, there was a total of 18,667 attendances[1] at the WIC. Of these attendances:

- 49% were by people who are registered with those practices closest to the WIC in Hastings;
- 12% were by people registered with other practices in Hastings;
- 7% were by people registered with practices in Bexhill area;
- 21% were by people from out of the CCG area; and

[1] An attendance is when a patient is seen or has contact with a healthcare professional at the WIC

- The remainder (11%) had no information on the registered GP or were from abroad.

On average:

- There are 52 WIC attendances per day;
- The busiest days are weekends when the average activity is 62 attendances; and
- Mornings are utilised the most, and in particular over weekends.

5.5. Who uses the Walk in Centre?

The CCG commissioned an activity audit to understand better who uses the Hastings WIC. This was carried out by clinicians in September 2018. The audit reviewed consultation notes of patient walk-in attendances on the following dates:

- Saturday, 10 February 2018;
- Bank Holiday, Monday, 02 April 2018; and
- Wednesday, 20 June 2018.

This spread allowed for the assessment of activity on a typical weekday, a weekend day and a public holiday. The summary results of the audit were:

- Most users of the WIC were from British or mixed British ethnicity;
- Most people attending the WIC lived in the closest postcode areas to premises;
- Most patients attending the WIC were aged between 26 and 65 years of age;
- 1.5% of people attending had declared disabilities;
- 4% of patients were listed as living in temporary accommodation;
- 9% of patients in Hastings had mental health or substance misuse issues, or a combination of the two; and
- After the initial triage, people were seen by a range of specialists including GPs, Advance Nurse Practitioners, Nurses and Healthcare Assistants.

5.6. What is important to local people – engaging with local people and clinicians as part of the review

The CCG has carried public engagement in order to understand better what local people want from emergency, urgent and primary care services. Several key themes emerged from the engagement to date. These are summarised below:

- People are often “confused” by the variety of services on offer;
- People want to be able to access services over the phone or via email;
- People want access to services in the evenings or at weekends;
- People were concerned about public transport links to other services in Hastings, and they stressed the importance of services in the town centre; and
- People stressed the importance of easily accessible information on how to find advice when they needed it.

In addition to the above, local clinicians and providers highlighted the need for continuity of services in the Hastings town centre for a small but significant group of patients with multiple needs who utilise the WIC to manage their primary care needs. It was stressed that these patients require intensive, co-ordinated input from a range of clinical and non-clinical community teams because they often struggle to negotiate conventional booking and appointment system and it is important that services respond flexibly to the needs of this group.

5.7. Summary conclusions from our review of the Walk in Centre at Hastings Station Plaza

We have reviewed the current services at the WIC alongside the existing, and recently introduced services for people with same-day primary care need in Hastings. This review

has indicated that whilst there is a range of enhanced services that are now in place for people with these needs, that there are some particular circumstances in Hastings that indicate the need for us to test out a Primary Care Led Hub based at Station Plaza to ensure local needs are met and supported. These are:

- There are national and local policies which aim to simplify access for patients to same-day services;
- There has been a consistent increase in demand for WIC services in Hastings from 2016/17;
- Across Hastings, there is a strong correlation between the levels of deprivation and rates of utilisation of urgent and emergency care services: the higher the deprivation rate, the higher the rate of urgent and emergency care service utilisation;
- There are a small but significant group of patients in Hastings with multiple and complex needs who struggle to navigate healthcare services and who, therefore, access their healthcare through the WIC – these people can be high users of services;
- Local people told us that they value having services at Hastings Station Plaza because these are easily accessible by many different means, e.g. on foot, by public transport and by car;
- Hastings Station Plaza is a dedicated healthcare facility that already accommodates a range of services and which has room for expansion, and this also aligns with the strategic aims of the leaseholder (NHS Property Services); and
- General practice in Hastings is rated highly by local people but is under a great deal of pressure.

5.8. Proposal for the Walk in Centre at Hastings Station Plaza to develop and test a primary care-led hub

This proposal outlines a plan to develop and test a primary care led hub at Hastings Station Plaza, which best meets the care needs of local people. The proposal will build on the current WIC service and will:

- Work with local people and stakeholders to test out revised opening hours and a new, more integrated model of care that takes into account the range of enhanced services that have been introduced since the establishment of the WIC (for example NHS 111 CAS to be in place fully from April 2020, or Primary Care Improved Access which is already in place).

This proposal follows a Proof of Concept framework that has been developed across the Sussex Health and Care Partnership to allow CCGs to develop services with local people, stakeholders and providers. We will use this framework to develop a model that best meets the needs of our population. As other services continue to develop and emerge, for example, additional services delivered via local Primary Care Networks (PCNs), this framework will enable us to respond to these changes and commission a service that is fit for the future.

5.9. Implementation of the proposal to develop and test a Primary Care-led Hub

Based on our understanding of the existing need, we will build on the existing WIC and test out the following proposal:

- Different operating hours for the drop-in services. For example, current data shows that people's usage of the WIC steadily decreases towards the end of the evening, and the busiest times for the WIC are weekends and mornings[2]. Advanced Nurse

[2] Under this proposal the service would test different opening hours, for example: weekdays 08:00-18:30 (with Primary Care Improved Access supporting activity past this time) and weekends and bank holidays: 08:00-20:00 or 08:00-22:00.

Practitioners (ANPs) will lead the service with access to a GP advice during opening hours. When required, people will also be able to see a GP;
- This service will be profiled on the Directory of Services (DOS) for same-day urgent primary care needs during opening hours, enabling people and health professionals to book appointments via the new NHS 111 CAS;
- Advising and supporting patients, who present on the day without booked appointments, how to access other, more appropriate primary care services based on their need, either via NHS 111 CAS or their own registered GP. When required, people will be able to seen by a health professional when they present;
- Provision of information and support to people who use drop-in services to improve their knowledge of the coordinated range of services that are available to them. Where appropriate the service will work with the patient's registered practice to coordinate this support;
- Offering of a multi-disciplinary approach to unregistered and vulnerable patients; and
- Development of new care pathways focused on wellness, signposting, care navigation and multi-agency delivery. There will be a strong focus on integration with other providers including voluntary and community providers to help secure future shift from treatment to health promotion and prevention of ill-health for local people.

During the testing phase, we will work with the incumbent provider of the WIC to test out the different operating model to ensure continuity of patient care is maintained, and the resilience of general practice is not compromised at the current stage. We will then gather learning to inform the development of a service specification and clinical model for the Primary Care Led Hub for the commissioning of the future services that would meet the needs of local people.

During the testing phase, when we will be testing out our proposal on the existing WIC, we will bring together a wide body of patients, clinicians and other stakeholders to understand how our revised opening hours and clinical model is meeting the needs of local people and impacting on local services. We will use this insight, alongside our knowledge of a local need and the development of local services, to inform our future service specification. This will ensure full co-ordination of services and a holistic offer of care for local people in conjunction with services that will be developed and provided through the recently established Hastings and St Leonards PCN.

5.10. Anticipated impact on local people and other services

Based on 2018/19 activity, there are 1,250 WIC attendances between 18:30 and 20:00 per year. This equates to approximately 3.4 people per day, and there is spare capacity across primary care service to accommodate these patients. For example, based on August 2019 data, the current Primary Care Improved Access capacity (which already covers the hours between 18:30 and 20:00 on weekdays) has the flexibility of up to 10 unused appointments per day. Patients can access these appointments either by contacting their GP practice, or soon via the NHS 111 CAS service.

5.11. Developing a service specification for the commissioning of the future services that would meet the needs of local people

Our intention is start testing the revised operating model from 01 December 2019, for a maximum period of 16 months. During this time, we will finalise the service specification, the clinical model and formally commission the future hub to become operational from April 2021.

Throughout the testing phase outlined above, we will gather learning to inform the development of a service specification for the commissioning of the future services that would meet the needs of local people. We will continue to collaborate with local people, stakeholders and providers to fully co-design the service specification for the Primary Care Led Hub. We will review and assess the impact of the revised operating model for the drop-in provision, which will inform the future clinical model.

As other developments and services such as PCNs and NHS 111 CAS become embedded locally, we expect the resilience and capacity for same-day primary care to increase across Hastings. This will ensure patients are able to access the services most appropriate to their needs and that these services have the capacity to absorb this activity. We will consider any impacts of these on the final service specification and test our assumptions against an evaluation framework to ensure the future clinical model delivers fully integrated care that minimises health inequalities and supports health prevention and promotion.

It is our intention that the service specification will enable migration of the current WIC model from an urgent primary care focus to that of a multidisciplinary team working that can provide co-ordinated pathways focused on treating, signposting, care navigation and wellness from April 2021. Critically, the model would encompass primary, community and (if appropriate) some secondary care and would be designed to improve, through integration and closer working, the way care is delivered to local people.

5.12. Expected advantages and disadvantages of the proposal

Expected advantages

- Patients with multiple and complex needs who struggle to navigate the current system will continue to have access to a service they are familiar with;
- The healthcare of patients with multiple and complex needs and from the local areas experiencing inequalities will be met, and there will be a clear access route into health and social care services;
- The approach supports the strategic direction of travel without destabilising the local system across Hastings;
- It does not destabilise the general practice and supports the wider resilience of general practice across Hastings, which continues to be challenged;
- It supports retention and further development of primary care workforce;
- It supports future collaboration of clinical teams;
- The Proof of Concept approach does not set out a formulaic solution but promotes closer working between providers to develop a truly integrated model of care for the local population based on need;
- The proposal provides the flexibility to work with the emerging PCNs to fully co-design an integrated model for Station Plaza that supports same-day primary care activity across the locality and that meets the local need; and
- It maximises the use of purpose-built facilities and in future more efficient use of the estate.

Expected disadvantages

Some patients may continue to try and access the services at Station Plaza on a drop-in basis between 18:30 and 20:00. Following implementation of this proposal those patients will be able to access primary care through Primary Care Improved Access.

As part of the implementation of this proposal we will work with local people and providers connected with these services to maximise availability of information to help local people access the best services to meet their need. In addition, as this proposal is to test this

change in opening hours, we will continually work with local people, stakeholders and providers to ensure we are monitoring the impact of the proposed changes continually.

5.13. Impact of the proposal on the GP registered list

The current WIC provider also operates a registered list providing primary care services to a list of c 3,323 patients. This is currently part of a combined service contract with the delivery of the walk in centre.

As we are proposing to test a different model, we have had to give consideration to the registered list as the potential re-procurement of a small registered list does not represent best value for money and does not best support wider primary care integration.

Following consideration of a number of options, and with advice from NHS England, it has been agreed that the preferred option for the patients on the registered list would be for them to be re-allocated to the other practice in the same building as this would provide minimal disruption.

This recommendation has been made on the basis of convenience for patients, sustainability of practices in the town and the good experiences of patients who have been allocated to this practice in the past. As funding follows the patient, the receiving practice would be resourced to manage these patients. All patients re-allocated will be able to move to another practice of their choice at any time (providing they reside within the catchment area) and the CCG will give every support to do this if they wish. We will continue to engage with local stakeholders and communicate with all registered patients should this option be pursued.

--End of Report--