

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

**Date of meeting:** 26 September 2019

**By:** Assistant Chief Executive

**Title:** Urgent Care in East Sussex

**Purpose:** To update HOSC on the procurement of a new NHS 111 service; the development of Urgent Treatment Centres in Eastbourne, Hastings and Lewes; and the future of Eastbourne and Hastings Walk-In Centres.

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## **RECOMMENDATIONS**

The Committee is recommended to:

- 1) consider and comment on the report; and
  - 2) agree that the proposals for Hastings Station Plaza Walk-in Centre no longer constitute a substantial variation in services.
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### **1. Background**

1.1. Urgent care is a term that describes the range of services provided for people who require same day health or social care advice, care or treatment. This is different from emergency care provided in accident and emergency departments (A&E), other hospital departments, 999 and ambulances which are set up to respond to serious or life-threatening emergencies.

1.2. Following a national review in 2014, NHS England set out clear commissioning standards to ensure future urgent and emergency care services are integrated and offer a consistent service. In March 2017, NHS England and NHS Improvement published the Next Steps on the NHS Five Year Forward View which highlighted the importance of delivering integrated urgent care services to help address the fragmented nature of out-of-hospital services. The NHS Long Term Plan published in January 2019 reiterated the need to reform urgent care. There are 10 nationally set key deliverables in relation to urgent and emergency care including:

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

1.3. The committee most recently heard an update on the procurement of a new NHS 111 service in September 2018 and requested that commissioners return to the committee to provide an update once the new contract had been awarded.

1.4. In addition, the HOSC has received updates over the past 18 months about plans to develop UTCs in Eastbourne, Hastings and Lewes.

1.5. The committee also agreed in March 2018 that proposals to close the Walk-in Centres (WICs) in Eastbourne and Hastings constituted a substantial variation in services, requiring the CCGs to consult formally with the HOSC. The CCGs have now revised their proposals for the Hastings WIC and the committee needs to consider whether they still constitute a substantial variation in services.

1.6. Further updates on these three areas are provided within this report.

## **2. Supporting information**

### **NHS 111**

2.1. The current NHS 111 service provides over-the-phone urgent care advice to residents and can also refer them directly to 999. It employs non-clinical call-handlers who advise patients based on triaging software. The service is nationally mandated and commissioned by CCGs across England.

2.2. South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides NHS 111 services for Kent, Medway and Sussex. The service is commissioned by the 15 CCGs covering the area, with Coastal West Sussex CCG the lead commissioner. It was recently rated good by the Care Quality Commission (CQC) following an inspection of the trust.

2.3. The NHS England Integrated Urgent Care Service Specification mandated that all CCGs re-procure their 111 service by April 2020 to include a Clinical Assessment Service that would enable patients to be diagnosed over the phone by a clinician and either treated there and then or passed onto the necessary service, including direct booking into an appointment at a UTC or GP practice, or a visit from the Out of Hours (OOH) Home Visiting Service.

2.4. The re-procurement of NHS 111 in Kent, Medway and Sussex was paused in June 2018 for review of the service specification and was restarted in Autumn 2018. The new service specification no longer included an OOH Home Visiting Service and, following a separate procurement process, a contract for the OOH service in Sussex was awarded to Integrated Care 24 (IC24) earlier in the summer. HOSC considered an update on the Sussex OOH service in June. Different arrangements for OOH services are already in place for Kent and Medway.

2.5. Following the procurement process, the new 111 service for Kent, Medway and Sussex was awarded to SECAmb, with IC24 subcontracted to provide some services. The new NHS 111 service will go live from April 2020 alongside the new OOH service in Sussex.

2.6. Section 3 of the report attached as **Appendix 1** provides details of the new 111 service.

### **Urgent Treatment Centres (UTCs)**

2.7. Alongside the requirement for a new NHS 111 service, the Next Steps on the NHS Five Year Forward View also required local NHS organisations to develop UTCs by 1 December 2019.

2.8. The purpose of UTCs is to take pressure off A&E by providing same-day, non-emergency care to patients who have urgent care needs but who might otherwise attend A&E. Urgent care is currently provided in a number of different units that provide different levels of clinical support, such as Minor Injury Units, Urgent Care Centres and Walk-in Centres.

2.9. NHS England has set nationally mandated principles and standards for UTCs that include that they should be open 12 hours a day, seven days a week; be GP-led and supported by a multi-disciplinary team of other health and social care professionals; provide simple diagnostic services such as x-rays and electrocardiograms; provide access to local mental health advice and services; and provide both walk-in appointments and pre-booked same day appointments via NHS 111.

2.10. By making UTCs the designated name for all urgent care walk-in services and requiring that they have a minimum service specification, it is hoped that over time they will develop the same brand recognition as A&E, which for many is seen as the place within the NHS where they can go to receive care, regardless whether it is necessarily the best place for them to do so.

2.11. The Sussex Health and Care Partnership has agreed a strategic approach to establish all UTCs in Sussex either at hospital sites or in community hospitals. The reason for this is to ensure that UTCs reduce the pressure on A&E departments by providing urgent care to people who arrive in A&E but can be seen and treated by a GP or Advanced Nurse Practitioner, and to ensure that the additional services UTCs must provide, such as diagnostics, can be safely and sustainably staffed.

## UTC in Lewes

2.12. The Minor Injury Unit (MIU) at the Lewes Victoria Hospital is provided by Sussex Community NHS Foundation Trust. It has been designated by High Weald Lewes Havens (HWLH) CCG as the UTC for that area of East Sussex and investment has been identified to undertake the required work to upgrade it to a UTC.

2.13. Section 4.3 of the report attached as Appendix 1 includes details of the process of converting the MIU to a UTC and states that there are no plans to downgrade or otherwise reduce service provision at the Uckfield or Crowborough MIUs.

## UTCs in Eastbourne and Hastings

2.14. The UTCs in Eastbourne and Hastings are planned to be provided by East Sussex Healthcare NHS Trust (ESHT) at the two hospital sites at Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings.

2.15. Both Emergency Departments currently have a GP-led Primary Care Streaming Service (PCSS) in place and patients are triaged to this service on arrival at A&E if their condition is considered urgent rather than an emergency. The CCGs are planning to upgrade the PCSS via a contract variation by 1 December 2019.

2.16. Further information is included in section 4.2 of Appendix 1.

## Walk-in Centres (WICs)

2.17. The HOSC considered a report in March 2018 from Eastbourne, Hailsham and Seaford (EHS) CCG and Hastings and Rother (HR) CCG that included proposals to close the WICs located at Eastbourne Station and Hastings Station Plaza. The committee considered these proposals to be substantial variations in health services requiring the CCGs to formally consult with the committee under health scrutiny legislation.

2.18. Work on the proposals was paused in June 2018 but restarted late last year. Since then the CCGs have undertaken engagement work with stakeholders and patients who use the WICs. Separate informal meetings have also been held with the HOSC Review Board to keep Members informed.

2.19. The CCGs are continuing to develop their proposals for the WIC at **Eastbourne Station** and have begun a further engagement process to seek stakeholders' views and feedback to help further inform the proposals for the service. These proposals are due to be presented to the HOSC for consideration at the next meeting on 28 November 2019.

2.20. The CCGs have included details of the proposals for the future of the WIC at **Hastings Station Plaza** in section 5 of Appendix 1. These are due to be considered by their Governing Bodies at [a public meeting on 25 September](#).

2.21. The CCGs propose to develop and test a primary care led hub (PCLH) at Hastings Station Plaza from 1 December 2019 for a maximum period of 16 months. During this time, the CCGs will finalise the service specification, the clinical model and formally commission the future hub to become operational from April 2021. Planned features of the PCLH are set out in paragraph 5.9 of the report.

2.22. During the testing phase, different operating hours for the drop-in services to those currently in place will be tested, such as 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.

2.23. The current WIC provider also operates a registered list providing primary care services to a list of c3,323 patients. This is currently part of a combined service contract with the delivery of the WIC.

2.24. Following consideration of a number of options, and with advice from NHS England, the CCGs have 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.

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

3.1 The HOSC previously considered the original proposals to close the WIC in Hastings to be a substantial variation in service. Due to the considerable changes in the proposals since March 2018 the committee needs to consider whether they still constitute a substantial variation in services.

3.2 The HOSC Review Board considered an outline of the current proposals at a meeting on 26 July 2019. The Review Board agreed to recommend to the HOSC that the proposals regarding the Hastings Station Plaza WIC no longer constitute a substantial variation in services.

3.3 HOSC is recommended to:

- 1) consider and comment on the reports; and
- 2) agree that the proposals for Hastings Station Plaza Walk-in Centre no longer constitute a substantial variation in services.

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