

Governing Body

24th August 2016

Details	Part 1	Yes	Part 2		Agenda Item No.	6 Paper 4
Title of Paper:	Bury CCG Urgent Care Redesign					
Board Member:	Dr Victoria Moyle					
Author:	David Latham					
Presenter:	Dr Victoria Moyle					
Please indicate:	For Decision	X	For Information		For Discussion	

Executive Summary

Summary	<p>Bury CCG, with local stakeholders, have been reviewing current urgent care services across the local health and social care economy. This is a continual on-going process and builds upon a previous paper received by Governing Body (Part 2) in January 2015. The paper in January 2015 focused on service configuration within Extended Access to Primary Care, Bury WICs, BARDOC and Rock Health Care. The Governing Body noted the report and officers were instructed to proceed with recommendations.</p> <p>Over the past 18 months since January 2015 much has changed, pressures in the system have increased and further guidance has been issued. This paper seeks to confirm the CCG Vision and sets out plans for urgent care redesign across the local health and social care economy.</p>					
Risk	High	x	Medium		Low	
	<p>The redesign of urgent care services recommends some significant changes over a phased approach. Certain aspects of change have already been implemented since January 2015 whilst others are in development. It is noted that some elements of the proposals will required wider engagement.</p>					
Recommendations	<p>Governing Body are asked:</p> <ul style="list-style-type: none"> To receive the Urgent Care Redesign Proposals. To agree to undertaking a public engagement lasting two months on these proposals which will include the recent review of the current Walk-In Centres. Subject to the above to note that an engagement strategy has been developed to enable the CCG to seek views from the public. To acknowledge that if these urgent care proposals are accepted, the Governing Body would be invited to confirm a 					

	<p>proposal, to not renew the current contract with Pennine Care Foundation Trust for Walk-In Centres and to redistribute resources, as required, to support the model as described.</p> <ul style="list-style-type: none"> To note the results of the engagement period will be presented to the Governing Body in December (subject to agreement for the public engagement period with the Health and Scrutiny Committee) for final decision.
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Strategic themes

Deliver improvement in outcomes for patients	X
Deliver service improvement through system redesign in priority areas	X
Develop NHS Bury CCG and Primary Care capability as commissioners and leaders	
Deliver through the Health and Wellbeing Board improved population health and reduction in inequalities	
Deliver the CCG element of QIPP through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.	X
Supports NHS Bury CCG Governance arrangements	

**PLEASE ENSURE THE SECTION BELOW IS COMPLETED
PRIOR TO SUBMISSION OF YOUR PAPER**

Area	Confirmed by	Comments	Comments	Comments	Comments
In Financial Plan					
Finance Data Verified	Mike Woodhead				
Clinical Data Verified	Dr Moyle				
Fit with Commissioning Intentions	David Latham				
Quality	Catherine Jackson				
Safeguarding	Maxine Lomax				
Practice Input (where relevant)			To follow as part of the proposed engagement period		
Has there been patient / public input			To follow as part of the proposed engagement period		
Equality Impact Assessed (If no, is one needed and if so, when will this occur?)			On-going		

Bury CCG Urgent Care Redesign

1 Introduction

Bury CCG's focus on urgent care redesign has very much been informed by extreme pressures experienced nationally and locally within urgent care systems and recent NHS guidance including the Integrated Urgent Care Commissioning Standards (September 2015).

As the work stream has progressed and other agendas have developed, urgent care systems have continued to operate under sustained periods of pressure. The purpose of this paper is to set out system redesign proposals, understand the implications for some existing services and to propose engagement with patients, public and all stakeholders to seek views.

This paper seeks to confirm the current CCG vision and redesign plans for urgent care services across the local health and social care economy.

2 Current Challenges

Our local A&E services are currently experiencing unprecedented a levels of sustained pressure. PAHT is currently failing the national target that requires 95% of all patients attending an A&E department to be dealt with within 4 hours. Colleagues in PAHT report an increase in the complexity of A&E presentations at the same time as many patients attending A&E who are considered to have a primary care level of need. Bury replicates national trends seeing an aging population with increasing levels of long term conditions who are living longer which adds to demand on services. Of particular concern are the discharge pathways out of hospital into community and local authority services, which require greater levels of integration to achieve the smoothest possible patient journey.

The above situation is compounded by having a range of urgent care options for patients leading to confusion about the most appropriate place to be treated. The configuration of urgent care services in Bury today reflects evolution rather than grand design. The urgent care system in place today has evolved through a range of reasons including:

- Identified patient need
- Government policy
- GM wide system reconfiguration
- Available resources
- Organisational structures
- Nationally reported incidents

The current model in Bury represents a confusing, complex picture where patients might not know how to access services, where best to present, when services are open and how to access support available for self-care. Most confusingly a number of these services overlap at various times in the day, for example at 7.00pm on a midweek day the following options are available:

- Accident & Emergency Department (emergency walk-in service)
- Walk In Centre Prestwich (walk-in nurse service)
- Walk In Centre Bury (walk-in nurse and GP service)
- GP Extended Working Hours (pre-bookable and on day access)
- GP Out of Hours Service (urgent advice and treatment service)
- NHS111 (telephone advise & referral service)
- Limited Pharmacists (walk-in services)
- 999 Service (emergency service)
- Self-Care (patient self-directed care)

4 The Vision For Urgent Care Services In Bury

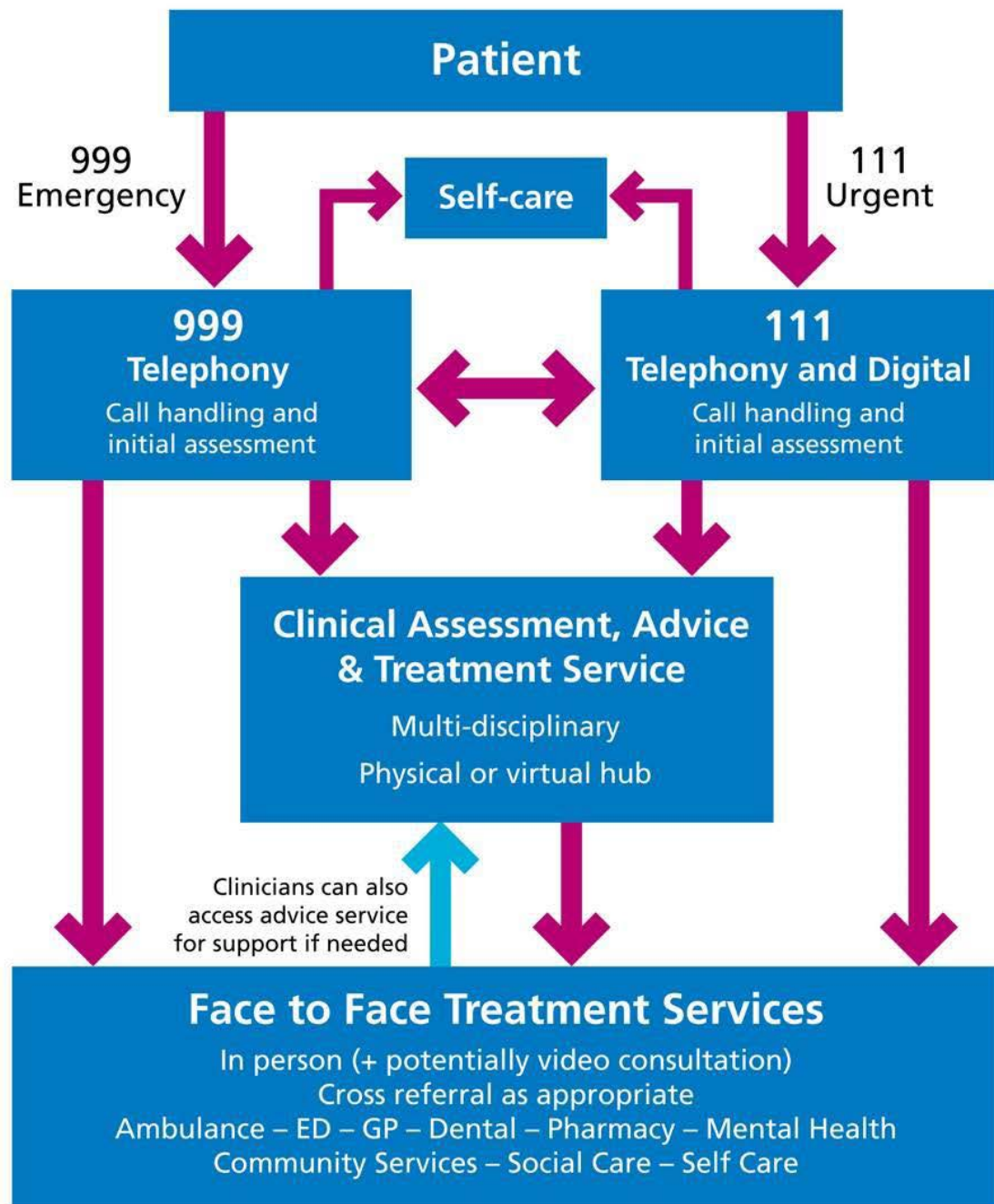
Bury CCG's direction of travel is to continue to redesign urgent services, over a phase approach, to realise an Integrated Urgent Care System which delivers the following principles:

- Delivers the best possible outcomes for the patients of Bury
- Promotes self-care.
- Streamlines access points to reduce confusion for patients
- Reduces duplication.
- Provides additional investment and capacity into the system.
- Enhances the options for rapid bookable support.
- Represents a fully integrated service across providers.
- Supports the evolution of Local Care Organisations (LCOs) and neighbourhood teams.
- Supports provider alliance and joint delivery of services.
- Builds on NHS 111 as a single point of access.
- Develops the concept of the clinical hub for Bury as described recent guidance.

The CCG is keen to promote the concept of an Alliance across providers in order to ensure a further integrated approach for future provision and to help facilitate the development of neighbourhood working and Locality Care Organisations.

Nationally an Integrated Urgent Care Service is shown diagrammatically in the recent guidance, Integrated Urgent Care Commissioning Standards (September 2015). Central to model is the concept of a Clinical Hub as detailed below:

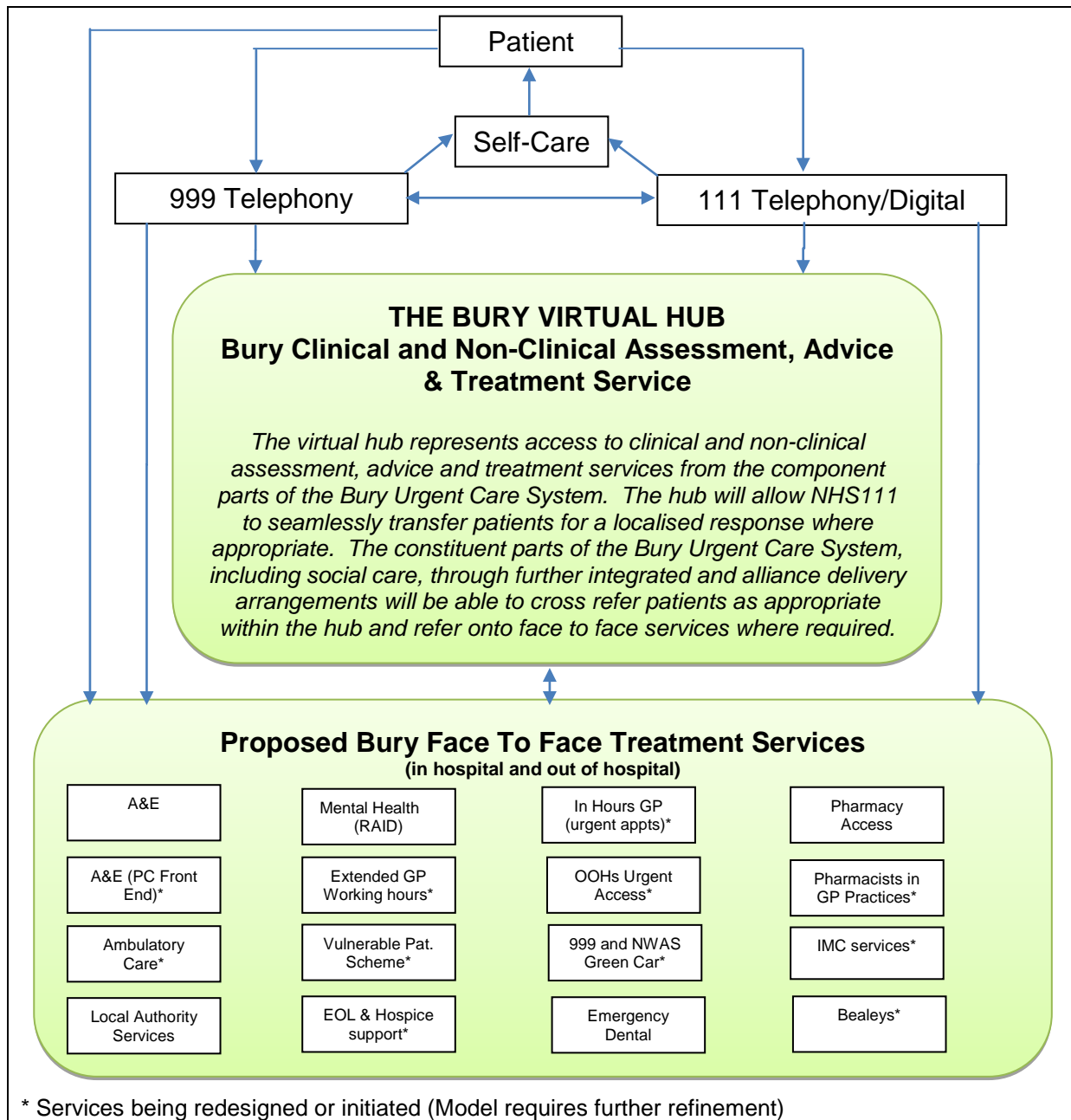
Diagram 1: An Integrated Urgent Care Service – National Model



The Bury Urgent Care Partnership Group has discussed the above model and confirmed it as the basis of the local Vision for urgent care services in Bury. The model is based on developing the concept of a virtual clinical hub delivering clinical assessment, advice and treatment, beyond the level currently offered by NHS111, tailored to local circumstances and linked to face to face services.

An early iteration for a Bury version of the above model is illustrated below:

Diagram 2: An Integrated Urgent Care Service – Proposed Bury Model
 (Model to be further informed through Proposed Patient and Stakeholder Engagement)



5 Why is the above better for patients?

This model supports the principles outlined above. It is built on supporting patients to self-care and promotes the concept of the single point of access. The model retains a balance between walk in services, rapidly bookable and routine services. It builds on current services whilst redesigning others as required. The model requires greater integration between providers which in time will lend itself to provider alliances, neighbourhood working and delivery at Locality Care Organisation level.

Ultimately the above model should help patients to access the right care, in the right place, at the right time, delivered by the right professional and help to bridge the gap between health and social care services.

6 Making It Happen

The key to delivering the above model will be the integration of services, alliance delivery and the establishment of local hub working arrangements. To support this there needs to be a range of actions against some of the constituent parts of the above model. Not all of the items identified above currently exist, others will require service redesign, some have been implemented since January 2015 and some will require initial design and implementation. This is an on-going work stream with active design and redesign of services including all of those in the above model marked by an asterisk.

7 Additional Provision

The new proposals would develop a more integrated, streamlined and less confusing offer to patients and the public. In the past eighteen months the urgent care landscape has changed in Bury. The CCG has already commissioned a number of additional services which all support the proposed new model. The following services have or are shortly to come into being and will provide a more responsive urgent care service in the community, closer to where people live and work.

Service	Description	Benefits*	Status
GP Quality Scheme	Out of Hospital Care Enhances the level of provision and access to GP practices.	<ul style="list-style-type: none"> • Potential additional 65,520 appointments. (based on 10 minute appointments) • Specific enhanced access for children. • Enhanced services for elderly, frail and EOL patients. • Delivered from every GP practice. 	Implemented and every GP practice delivering.
Extended Working Hours	Out of Hospital Care Additional Primary Care services at evenings and weekends.	<ul style="list-style-type: none"> • Potential for additional 12,000 appointments. (based on 10 minute appointments) • Evening and weekend appointments. • Planned and on day access. • Delivered from 3 locations across Bury. 	Currently being redesigned. The benefits identified reflect the redesigned proposals.
Vulnerable Patient Scheme	Out of Hospital Care Additional Primary Care support Vulnerable Patients at weekends.	<ul style="list-style-type: none"> • Potential for additional 9,480 contacts/appointments. (based on 10 minute appointments) • Continuation of care over the weekend to prevent hospital admission. • Delivered from 3 locations across Bury. 	Currently being designed. The benefits identified reflect the design proposals.

		<ul style="list-style-type: none"> • In-reach services to patients at home and in care homes. 	
NHS111	Out of Hospital Care National telephone access to support, advice and on ward referral.	<ul style="list-style-type: none"> • Circa 2,500 – 3,000 calls per month for Bury registered patients. • Self-care advice and onward referral. • Link to the Bury clinical hub model above. 	Implemented and operational
New Wound Care Service	Out of Hospital Care Wound Care Service.	<ul style="list-style-type: none"> • Circa 25,000 appointments. • Routine appointments not required within an Urgent Care setting. • Delivered from 5 locations across Bury. 	Implemented and operational.
Pharmacists in Primary Care	Out of Hospital Care 2 year pilot to provide direct pharmacist support into General Practice.	<ul style="list-style-type: none"> • Additional capacity with GP practices. • Pharmacists working in Primary Care alongside GPs. • Better medication compliance. 	Currently being implemented.
A&E Front End	In Hospital Care See Appendix Two for further details.	<ul style="list-style-type: none"> • Promotion and self-care support. • Faster service for A&E attendances. • Reduced admissions to hospital. • Referral within the clinical hub. • Patient Education. 	Currently being designed.
Ambulatory Care	In Hospital Care Development of Ambulatory Care pathways with FGH.	<ul style="list-style-type: none"> • Faster service for A&E attendances. • Reduced admissions to hospital. • GP access to advice. • Referral within the clinical hub. 	Currently being implemented.

* Figures provided are not exact numbers rather an indication of additional provision. In most cases the service figure quoted is an assumed maximum level..

If the CCG is to realise these proposals it is only prudent that it should take stock of the efficiency of existing provision. The new urgent care offer would mean that the resources used to support its two Walk-In centres would be redirected, as required, to develop the above proposals and that in so doing the CCG is able to deliver a more uniformly equitable and responsive service to the public. A review of the Walk-In centres has been undertaken and the findings are set out within Appendix One of this paper.

7 Recommendations

Governing Body are asked to:

- To receive the Urgent Care Redesign Proposals.

- To agree to undertaking a public engagement lasting two months on these proposals which will include the recent review of the current Walk-In Centres.
- Subject to the above to note that an engagement strategy has been developed to enable the CCG to seek views from the public.
- To acknowledge that if these urgent care proposals are accepted, the Governing Body would be invited to confirm a proposal, to not renew the current contract with Pennine Care Foundation Trust for Walk-In Centres and to redistribute resources, as required, to support the model as described.
- To note the results of the engagement period will be presented to the Governing Body in December (subject to agreement for the public engagement period with the Health and Scrutiny Committee) for final decision.

Dr V Moyle

Clinical Lead for Urgent Care

Margaret O'Dwyer

Deputy Chief Officer

David Latham

Programme Manager

Appendix

Appendix One

WIC Proposals

PCNHSFT Contract is set to expire on 31.3.17. One element of the contract is the provision of two Walk In Centres (WICs) in Bury. A recent review of current WIC services has been undertaken and is now to be considered in the context of the additional access proposed through urgent care redesign. A full proposal document exploring a range of commissioning considerations with regards to WIC services is attached below.



Urgent Care Access -
CC Comments added

Appendix Two

Draft A&E Front End Model (for discussion)

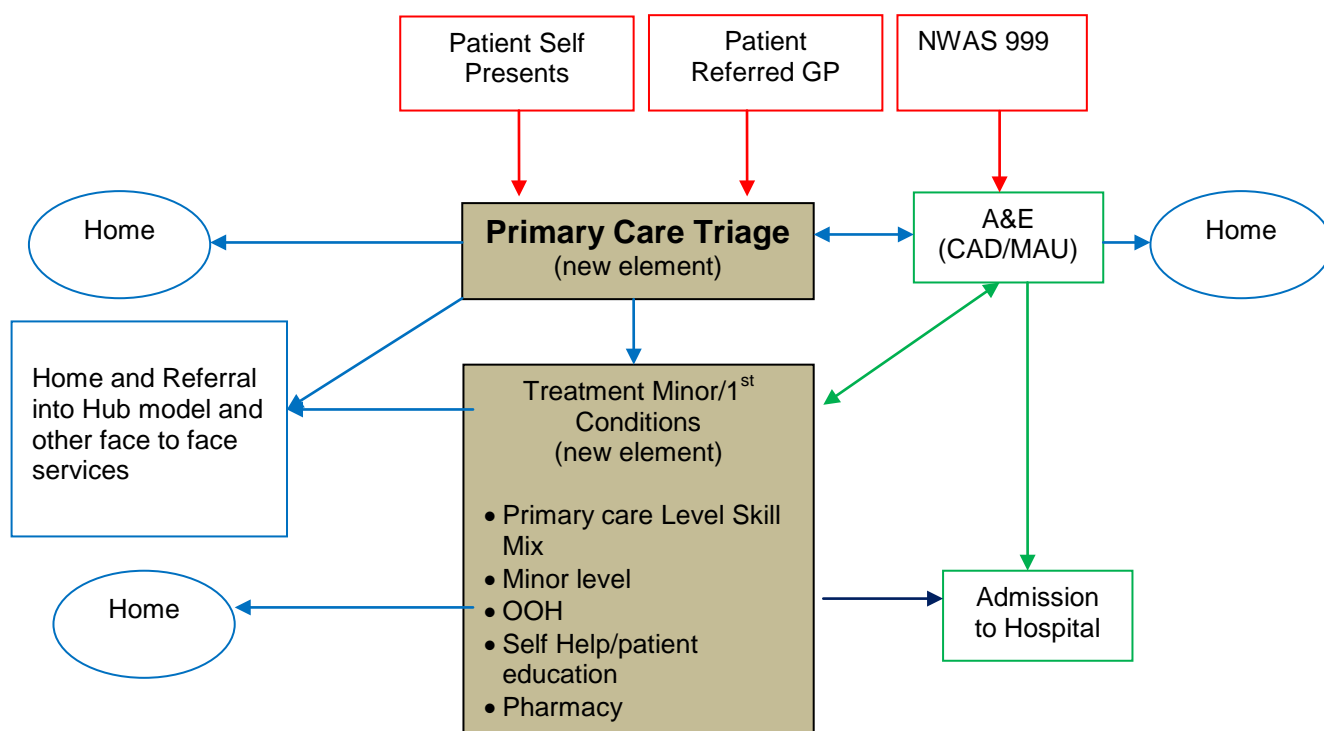
Bury CCG is keen to rapidly develop and implement a Primary Care Front End Service at FGH A&E department. The aim is bring together primary care and secondary care pathways within the urgent care model. This would be a piloted arrangement leading to a commissioned solution and would be developed in partnership with PAHT and HMR CCG.

Recent research published by the department of health, 'Behavioural insights to reduce A&E pressure in Medway' concluded that direct patient communication about A&E attendance may have the unintended consequence of increasing attendance. As such A&E Front End Models offer the opportunity to provide patients with the right care, at the place where they are presenting instead of simply telling patients not to attend A&E. This also affords Primary Care clinicians the opportunity to educate patients face to face about the most suitable options available in the future.

The model below is considered to be starting point for discussions. The model aims to deliver an integrated triage and treatment system at the front door of A&E to standardise the urgent care pathway, ensuring patients receive the correct treatment, in the correct location and provided by the most appropriate clinician. The model in part aims to reduce pressures on the urgent care system and assist towards delivery of the A&E 95% 4 hour target.

As the PAHT work stream, to develop an Ambulatory Care Service at FGH, progresses, it is envisaged that the front end model will support and link directly to redesigned ambulatory care pathways.

Basic Model (for discussion) for an Integrated Front End Model at FGH



Appendix Three

Initial Engagement Plans

Potential opportunities to engage on the proposals, subject to approval by Governing Body to proceed to a period of engagement, are noted in the table below.

Tools to engage would include: press releases, social media, web content, online survey (also available by post), ability to send comments and views via e-mail or letter to the CCG, stakeholder briefing note and presentation for meetings.

Date	Activity
24.8.16	Bury CCG Governing Body
1.9.16	Engagement Period Commencement (If approved by Governing Body)
1.9.16	CCG Patient Cabinet
8.9.16	Prestwich Township Forum
8.9.16	Bury East Township Forum
14.9.16	GP member engagement event

20.9.16	Whitefield and Unsworth Township Forum
22.9.16	Health and Wellbeing Board
September (date TBC)	Bury Healthwatch Board meeting
September (date TBC)	Overview and Scrutiny Committee
4.10.16	West Sector (GP) meeting
11.10.16	North Sector (GP) meeting
18.10.16	East Sector (GP) meeting
25.10.16	South Sector (GP) meeting
31.10.16	Engagement Period Close
November 2016	Collate engagement period findings and prepared paper for Governing Body
December 2016	Present recommendations to Governing Body