North East Essex
Clinical Commissioning Group

Report to NHS North East Essex CCG Board

Board Meeting Date: November 2016 (Part 1)

Agenda No:

FOR: Decision

Report Title: Out of Hospital Urgent Care Review

Presented by: Jo Hall

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1. Summary

This paper provides a progress report on the review of North East Essex (NEE) out of Hospital Urgent Care Services and includes a request that the CCG Board approves the potential approaches and progression to a period of further engagement with the public to seek their views on these proposals.

The Project is currently reviewing the following North East Essex Urgent Care Services and activity:

- The Walk in Centre (WiC) based at the Primary Care Centre in Colchester,
- The Minor Injury Unit (MIU) based at Clacton Hospital and,
- The Minor Injury Unit based at Harwich Hospital.
- Minor conditions presenting at A&E (Colchester Hospital) that could potentially be seen and treated in alternative settings.

Each service's contract is due to naturally expire on the 31st March 2018; therefore a decision on the future of the services is being sought, while also considering alignment to the Urgent Care strategy within the overarching direction of travel in the Sustainability Transformation Plan (STP).

This further supports the national Five Year Forward View, with the aim of taking the pressure off A&E and emergency departments whilst meeting increasing healthcare needs of the population. Across North East Essex, we want to reshape out of hospital urgent care services so that they are simpler for patients or carers to access urgent health care, regardless of the time of day, while acknowledging the limited resources and funding available.

Particular focus of the review includes:

- Helping people to look after themselves;
- Helping those with urgent care needs to access the right advice or treatment in the right place, first time;
- Providing consistent high quality care seven days per week;
- Ensuring that serious and life-threatening conditions are treated in the right environment by staff with the expertise to meet patient needs

To support this approach, the following documents have been included:

- Urgent Care Review – Background information for the public (appendix 1)
- Communications and Engagement Plan (appendix 2)
- Public Engagement, listening exercise report (appendix 3)
- Equality Impact Assessment (Appendix 4)

The CCG Board is also asked to formally approve these documents.

2. Key Points to Note – Case for Proposed Change

The CCG Board has been sighted of progress to date on developing out of hospital urgent care services as outlined below:

- **May** - the board noted that a review of out of hospital urgent care services was underway; however a recommendation was made that a project plan for delivery of the review project was required.
- **July** - The Board approved the review of Out of Hospital Urgent care services, including support to refresh the Urgent Care strategy to underpin the direction of travel.
- **September** – The Board noted the progress of the review, which included 3 proposals under consideration, with supporting options appraisals. A draft Urgent Care Strategy was presented, with support from the Board that it will be resubmitted for final approval in November.

Over this period the Board has been sighted on the challenges faced by the urgent care system as a whole, which supported the approval to review these services, these included:

The number of people attending all urgent care services locally has been increasing, and we have continued to see challenges with performance in A&E in relation to the number of people seen and treated within 4 hours and the impact this has on acute hospital flow and available beds.

From our Big Care Debates, it was identified that a number of people attending our urgent care services could potentially self-care or use pharmacy and that this could be supported by making access to urgent care services simpler, with more equitable provision across the locality.

Our most recent listening exercise also demonstrated that while the Big Care Debate previously highlighted access to a GP appointment was difficult, a significant proportion of people accessing the Walk in Centre and Minor Injury Units currently, are not attempting to seek a GP appointment first. Therefore this provided an opportunity to work in parallel to review the urgent care system alongside the transformation of primary care and the Integrated Urgent Care service (formally known as 111 and Out of Hours).

Out of hospital urgent care review update

Taking into consideration the local challenges, public feedback, data analysis and evidence from other CCGs, three proposals are currently under consideration as outlined previously. Since September there has been further development of an activity impact tool to help us test the impact of each option on the urgent care system, and we have been able to consider the feedback from the public listening exercise to begin to understand the likely impact on local people. During our proposed further period of public involvement, we will ask local people for their views on the following:

- The potential approaches proposed and the likely impact of these on the individual and their family/carers.
- The way the CCG have appraised the potential approaches to date
- Whether there is a fourth option that the CCG have not yet considered.

Financial Impact:

Prior to the start of our period of further public involvement (and release of the associated documentation) additional work will be undertaken to include a 5 year projection of the activity and financial impact, to understand system impact of each proposal over the life of a contract period. This will include profiling against expected year on year assumptions for self-care, estate voids and population growth.

Potential approaches

1 - *Continue to commission a WIC in Colchester and MIU's in Tendring*

Advantages	Disadvantages
Minimal dependency on other projects	Uncontrollable activity and demand likely to increase pressure on services
No impact on current activity flow as patients will continue to access current services.	Increased potential risk to patient safety due to increased demand on existing services e.g. ED
Supports patient access to Primary Care treatment	Limited scope for innovation
Services are popular with the public	Not supportive of national and local strategic direction
Unlikely to destabilise current workforce	No evidence to support an effect on reducing ED attendances
Limited re-design of service specification for minor injuries and minor illness	Evidence suggests a proportion of patients are seen in services where their needs could be better met by self- caring or pharmacy.
Minimises risks of incurring void estates costs.	Lack of continuity of care for people attending with Long Term Conditions
	Continues to deliver a system that is confusing for patients and professionals to navigate.
	Duplication in provision of services across the system.
	Does not allow for the current workforce to work in an integrated system approach and develop the skill sets required to meet future strategic direction
	System is not providing value for money with minimal opportunities for gaining efficiencies

2 – *Allow current contracts for WIC and MIU's to expire naturally in March 2018, with assumption that current activity from those services will be absorbed by self-care/pharmacy, GP Practices and the Emergency Department (ED).*
This option was developed as a result of research into national trends where a number of walk in centres and minor injury units have been closed across CCG areas.

Advantages	Disadvantages
A system that is less confusing for patients and professionals to navigate.	Low Public Acceptability
Supportive of Self-Care approach and use of alternative services such as Pharmacy.	Potential for significant increase in ED activity (creating additional pressure on ED performance).
Supports some National strategy through single point of access approach.	Increased potential risk to patient safety due to increased demand on existing services e.g. ED
Supports continuity of care for patients with long term conditions, managed in Primary and community care services	High Dependency on other existing projects to support overarching system model, e.g. Streaming models, Primary Care Transformation and 111/OOH procurement. Project timescales need to align.
No duplication of services across the system	Model is not supportive of local Urgent Care strategy.
	No additional provision for Minor Injury or Illness Services, potential for further increased

	activity within ED and GP practices.
	High probability of incurring Estate Void costs
	Potential to lose experienced workforce and skills within the locality
	Option does not support financial sustainability or value for money. Potential for cost pressure associated with increased ED demand

3 - *Allow current contracts for WIC and MIU's to expire naturally in March 2018, and procure a Minor Injury Service within Colchester and Tendring.*

This option assumes that a proportion of minor illness activity is avoided by a heavily focused approach to self-care, with the remaining minor illness activity being absorbed within primary care (including pharmacy) and OOH services. It also has the potential to remove more minor injury activity from CHUFT through procuring an expanded minor injury service in the community.

This draft option was developed as a result of local data analysis, including demographic information which highlighted that there was a potential gap in provision of service for people with a minor injury, for which the likely alternative would be A&E.

The future locations of delivery are dependent on the way services are utilised currently.

Advantages	Disadvantages
Enables innovation and re-design of service specification for minor injuries	High Dependency on other existing projects to support overarching system model, e.g. Streaming models, Primary Care Transformation and 111/OOH procurement. Project timescales need to align.
Supportive of the Integrated Urgent Care procurement and model, including timescales.	Relies on a shift in public behaviour when attempting to access out of hospital urgent care services
Supportive of the Primary care strategy and mitigates the difference in project timescales.	Some potential void estate costs
Meets the NEECCG Urgent Care Strategy aims and objectives.	Potential for low public acceptability
More control in management of demand across the system for minor illness through closer alignment with the primary care transformation strategy, with the potential to reduce hospital activity in relation to minor injury.	Potential for further increased activity within ED and GP practices.
Supportive of self –care approach and use of alternative services such as pharmacy. Ensures patients are seen by the right service, first time.	
Supports continuity of care for patients with long term conditions, managed in Primary and community care services.	
A system that is less confusing for patients and professionals to navigate.	
More scope to reduce impact associated with void costs for Estates.	
Reduces the risk of patient safety concerns associated with pressures on existing services (ED).	
Option proposing to provide a value for money approach and sustainability for the future.	
More likely to retain experienced/qualified workforce within the locality.	
Reduction in the duplication of services across the system	

Allows for the current workforce to work in an integrated system approach and develop the skill sets required to meet future strategic direction	

During the further period of public involvement, it would be stressed that the CCG is open to receiving alternative proposals and will consider them.

Progress to Date:

- Public engagement has now been undertaken with a listening exercise survey (full report in appendix 3) which focused on 4 elements:
    - Patients who specifically attended the WiC and/or MIU's
    - Patients registered with a North East Essex GP
    - Patients who attended the Emergency Department (A&E)
    - Street engagement to target a wider range of public view across Harwich, Clacton and Colchester.
- The first three potential approaches to date have evolved as a result of analysis including data from a number of sources, feedback from our Listening Exercise and rigorous assessment of local provider data, research including national trends and evidence from other CCGs. There has been close alignment with the Primary Care Transformation Strategy to ensure any potential demand on primary care is fully considered.
- The Project timescales have been aligned to allow the Integrated Urgent Care Service (IUCS) to be implemented first (October 2017). This provides a further 6 months for the new IUCS model to embed prior to any potential changes to other out of hospital urgent care services. There is a national drive currently underway to promote self-care and appropriate use of services. The intention is for this focus to continue in parallel with the out of hospital urgent care review as part of CCG strategic direction.
- The Chair and two Vice Chair of the Essex Health Overview and Scrutiny Committee have been made aware of our intentions to a period of further public involvement and have agreed with our approach based on a thorough period of involvement with local people.

Next Steps

- On approval from the CCG Board, the CCG will commence an eight week period of public involvement. An independent evaluation report will be produced by the University of East Anglia once the additional engagement activities have concluded.
- The Health Overview and Scrutiny Committee will be presented with an updated report on how the public involvement activity is progressing. They will also be provided with a copy of the finalised evaluation report once this has been produced
- The Equality Impact Assessment will be reviewed to ensure we have considered the 9 protected groups and locally identified areas of impact.
- While the proposals in this paper have been progressed to date, there is recognition that the outcome of our additional public involvement may further shape these potential approaches or may potentially provide new options for consideration.
- A full business case will be developed to ascertain a preferred option for final approval at the CCG Board in May 2017.

Project timescales

Milestone	Deadline Option 1	Rag Rating
Board update on Progress	27/9/16	Completed
Board approval of potential approaches proposed for further public involvement Board Approval to progress with further public involvement for Out of Hospital services Approval of final Urgent Care Strategy	24/11/16	On Track
Public involvement and evaluation Period	4/1/17 – 1/3/17	On Track
CCG Board – update on progress with public involvement activities	31/01/17	On Track
Evaluation report to be presented to Health Overview and Scrutiny Committee	April 17	On Track
Transformational Delivery Committee approval of Full Business Case (with inclusion of consideration from public feedback outcome to date and Full Equality Impact Assessment)	April 17	On Track
Operational Executive Committee approval of Full Business Case and preferred option.	April 17	On Track
CCG Board Approval of final preferred option	31/5/17	On Track
Commence procurement process (10 months including mobilisation) for potential approaches 1, 2 or 3	01/06/17	On Track
New contract(s) commence following procurement process	01/4/18	On Track

3. Identified Risks

- **Staff sustainability and Service delivery** - There is a risk that once the period of additional public involvement has commenced, this could have an adverse impact on those services in terms of staffing sustainability, particularly retaining staff during a period of uncertainty, where the preferred option in unknown. In turn this would have potential adverse impact on the service delivery, causing increased pressure on other Urgent Care services within the system. There is also a requirement for staff in those services to ensure they are supporting the public messages. In mitigation, the CCG have had early engagement with the service providers to ensure that they are fully informed of project progress and able to shape proposals to date. The communication plan will include engagement with staff within our provider services to ensure that they are fully briefed and are able to provide a consistent message to members of the public. Regular Communication and engagement with stakeholders is being undertaken throughout the process.
- **Dependencies of other projects** – Any slippage in dependent projects outlined in section 3 could impact on the successful outcomes of a preferred option and could delay the project. There has been consideration to the fact that regardless of the option, there may be a requirement to extend the contracts in the short term, to ensure continuity of patient care.
- **Impact on Paediatric activity** – While paediatric activity has been included within the activity flow assumptions it should be noted that any ED streaming model is unlikely to include the under 16 years of age cohort of patients, therefore further detailed analysis of

pathways and data will be undertaken to fully understand the impact of paediatrics activity in each option.

4. Resource

SRO	Jo Hall
Programme lead	Elizabeth Amodio
Business Manager	Sandy Measor/Morag Kirkpatrick
Clinical Lead	Hasan Chowhan
Communications lead	Simon Morgan
Urgent Care Administration Support	Jill Thurston

5. Implications for engagement and communication

The CCG Board is asked to approve progression of the Out of Hospital Urgent Care services review to commence a period of additional public involvement between 4 January and 1 March 2017 An independent evaluation of the public responses will be undertaken between 27^{h} February and 10th March 2017 which will then be considered as part of the options appraisal for each proposal. An update on the outcome of the public engagement exercise will be provided at the March CCG Board.
No decisions have been made. During the public involvement period, the CCG will be engaging with local people to explain how these ideas have been developed, why we have to make these proposals, and find out how people might be affected. This whole process will be open and transparent which is supported by the independent assessors being asked to write a report on all the information which is gathered over this period. This report will be made public and the final decisions will be made when the CCG board meet in May 2017, as highlighted in the project timescales table.

6. Equality & Diversity

An Equality Impact assessment has been undertaken in relation to the options proposed to date (Appendix 4). This assessment includes consideration to the 9 protected groups and the feedback from the public Listening exercise, against the 3 aims of the Public Sector Equality Duty (PSED):

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

This is an iterative process and therefore further reassessment will be undertaken between January and March 2017, before Board are asked to formally approve. The outcome of the assessment will inform the business case and final option recommendation to TDC, OEC and Board following the public feedback.
The CCG also have regard to the need to reduce health inequalities and access to those services. As part of the public listening exercise, using the local Joint Strategic Needs Assessment and the knowledge of local staff and public, the CCG is aware of the need to reduce avoidable inequalities and move towards a fairer distribution of good health.

7. Strategic Objective(s) associated to this paper (tick all that apply)

Holistic Approach - Achieve our vision through an inclusive, holistic approach to patient and service user- centred commissioning, embedding personalisation of care through integrated health and social care services	√
Quality and Safety - To transform care and drive continuous improvement in quality and safety. Achieve the best possible outcomes from our service users through high quality care	√

Best use of resources – To use commissioning resources effectively and responsibly. To develop our organisation, teams and individual staff to be trusted, competent, well trained, talented, enthusiastic and dedicated.	√
Priority Health Goals - To tackle the biggest health challenges in North East Essex reducing health inequalities	√

8. Recommendation

a. The Board is asked to approve the Equality Impact Assessment in relation to the options proposed to date, acknowledging that assessment will continue to develop over the course of the project.
b. The Board is asked to approve the options proposed in this paper, so these can be shared with the public during our period of patient and public involvement.
c. The Board is asked for approval for the CCG to undertake further public involvement lasting eight weeks on the basis of the options proposed.
d. The Board is asked to approve the use of the supporting documents: Background information for the public and Communications and Engagement Plan, subject to the CCG Operational Executive committee approving a 5 year activity finance appraisal for inclusion.

9. Appendices

Appendix 1 – Background information for the public

Appendix 2 – Communications Plan - draft

Appendix 3 - Public Engagement Report (Listening Exercise)

Appendix 4 – Equality Impact Assessment