Appendix 1

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

January 2016

INTERIM REPORT –

Developing Urgent Care Services

PURPOSE OF THE REPORT

1. To present the information received to date in the Committee's involvement with the South Tees Clinical Commissioning Group's (CCG) development of urgent care services.

MEMBERSHIP OF THE PANEL

2. The membership of the Panel was as detailed below:
Councillors E Dryden (Chair), Councillor J Walker, (Vice-Chair), R Goddard (Vice Chair)
Councillors, Biswas, Rooney, Lawton, Holyoake, O'Brian, Turner and Watts

THE COMMITTEE'S FINDINGS

3. The committee were informed by the South Tees CCG in July 2015 about the Case for Change with regard to Urgent Care. At that meeting Members were told about the current services and the national and local drivers for change.

4. Urgent Care was described as *'the range of health services available to people who need urgent advice, diagnosis and treatment quickly and unexpectedly for needs that are not considered life threating'*

5. A national report 'Transforming Urgent and Emergency Care in England Review: End of Phase 1 Report, High Quality Care for All, now and for future generations identified how the current system was under 'intense, growing and unsustainable pressure' which is driven by rising demand from a population getting older, a confusing and inconsistent array of services outside hospital and high public trust in the A&E brand. It made a number of recommendations including working towards a 7 day NHS service. NHS England also produced further directions on the improvements that needed to be implemented to the 111 service which had to be adopted by CCGs.

6. The CCG then outlined the process it was about to embark on, beginning with the publication of the case for change. Then discussions and feedback (pre-consultation) and then potentially the development of options. This would then lead

to pre consultation, then depending on the options developed this could lead to post consultation engagement and then the decision by the CCG which would then be implemented. There was to be consultation with staff, patients, the public and the scrutiny committee throughout the review.

7. It was anticipated at the time that over 1,000 people would be consulted through planned consultation work, including an online survey.

8. The committee then met on 13 October and received information on the results of the pre-engagement survey that had been completed. Over July and August 2015, 1,013 people gave their views on urgent care services across the South Tees area. Targeted engagement had taken place through a voluntary sector partner who was able to increase access to minority, marginalised and disadvantages groups and communities. This included young people, unemployed, people with disabilities, carers, people with mental health needs and people of different faiths.

9. Street surveys had been conducted, 175 across Redcar and Cleveland and 175 in Middlesbrough. Surveys were also distributed to a variety of sources and were available on-line. The CCG also held listening events and discussion groups. A stakeholder workshop was held in October and members of the South Tees Health Scrutiny Joint Committee were invited to attend.

10. From the pre-consultation engagement the CCG found the following

    a. People find the system confusing.
    b. Most people try and care for themselves before accessing services.
    c. When they do access a service, most people prefer to see a GP.
    d. A lot of people were not aware of NHS 111, but the majority of people who had accessed it said it was a positive experience, although people were concerned about the number of questions asked by call handlers and the delays this could cause.
    e. The majority of people reported having a positive experience of using the walk-in centres.
    f. The majority of people thought it was important to see the right health professional, in the right place at the right time.
    g. The majority of people said that A&E should only be used by patients who have a life threatening condition.
    h. People think it is important that their health records be shared between services.

11. The committee were reminded of the key drivers for change and the adoption of the national vision locally. In its current form the urgent care system was described as unsustainable. The South Tees area has the second highest rate for admissions not usually requiring hospital admission. The out of hours and walk-in centre contracts have come to an end, providing the CCG with the opportunity to review the current service and make appropriate changes.

12. The committee discussed the urgent care service entry points, to ascertain the reasons why the public find the current system confusing.

13. The points of entry are as follows

    a. Supported self-care

b. Pharmacies
c. NHS 111 – provides advice and signposting
d. GP in hours (46 practices)
e. GP out of hours (booked via NHS111 and including home visits)
f. Minor Injuries – walk in in appointments based at Redcar Primary Care Hospital with x ray access 8-6 weekdays and 9-4 weekends and James Cook University Hospital
g. Walk-in centres at Eston Grange and North Ormesby
h. Accident and Emergency – James Cook University Hospital

14. The above have a variety of opening times, there is a difficulty understanding differences between what each service provides as GPs, minor injury services and walk in centres all provide assessment and treatments for minor ailments. It was found that most people were best educated about which service to use at the time they accesses the system. The thinking, at that time, was that could some services be brought together and standardised where possible, therefore eliminating the need for patients to understand the difference between services.

Duplication in the System

15. The committee heard that there has been national debate about the future of walk-in centres, some commissioners have closed walk in centres, choosing to replace them with urgent care centres, some co-located in A&E. others have changed the way in which walk- in centres operate. 68% of the patients using the 2 walk-in centres were referred back to their own GP. Adding to the duplication both for the patient and the system.

16. The committee were reminded about the national shortage of GPs, numbers have not risen since 2009. For South Tees the number of GPs in relation to the population is below the England averages. The duplication, as detailed above, also puts pressure on the scarce workforce resource. This also presents challenges for James Cook University Hospital in relation to the emergency medicine workforce, exacerbated by national pressures around delivering care over 7 days a week.

17. A&E departments are undertaking care which could be delivered by primary care – 44% of South Tees A&E attendances were discharged without any further follow-up and most people are discharged within 2 hours. Minor injuries and minor ailments are provided by a number of services outside of A&E but people are not necessarily aware of them, choosing to attend A&E as the first option in the absence of knowledge of the system. The challenge to the CCG was how to address duplication without adversely affecting access.

Costs

18. Members were told that the cost of providing urgent care provision is high. Changes in demographics, particularly the growing elderly population, is driving up the overall cost of healthcare. The CCG must make the best use of tax payer's money and potential economies of scale had been identified by matching capacity and demand, removing duplication in the system, improved integration and better education of patients around self-care.

19. Patients will be advised to contact 111 when

a. They need medical help fast, but it's not a 999 emergency.
b. They don't know who to contact for medical help.

c. They think they need to go to A&E or another NHS urgent care service.
d. They need to make an appointment with an urgent care service.
e. They require health information or reassurance about how to care for themselves or what to do next.

20. Following the standards set out by NHS England for the improvements to the 111 service proposed developments will see: access to patients records through the Summary Care Record, the call handler will have the ability to make an electronic referral into a service which best meets the patient's needs, face to face or telephone consultation appointment being made, where appropriate, (this will include access to mental health crisis teams, mental health teams and specialist clinicians) and an appointment with a GP or GP out of hours service will also be able to be made.

21. A directory of service will also be available, the search tool will provide access to locally commissioned services, especially those designed to support care in the community (e.g. the falls team)

22. Members had concerns about the other national telephone numbers that had not worked; there was a perception that they had been driven by targets and a lack of understanding about local services.

23. Members were also concerned about the effect the national shortage of GPs would have on the move to 7 day working. The committee was informed that the GPs would come together and work in hubs to ensure that they cover populations of about 30,000.

24. The committee then met on 17 November and received a short recap of the information received to date, including the case for change, details of the public engagement, the national guidance and context including the 111 service and 7 day GP working and how the existing contracts are ending in March 2017.

The Vanguard Programme

25. There are a number of funding pilots taking place across General Practice – using the Prime Minister's Access Fund. One such scheme in this area is the South Tees STAR scheme bid will cover integrated hubs to extend GP access, integrated with the current NHS 111 service, and will look at triage through the NHS 111.

26. The Vanguard Programme is a nationally funded initiative and the 111 model would sit within this programme and would be completed on a regional basis where advantages could be taken of shared learning.

Development of Proposed Urgent Care System Scenarios

27. Discussions had been held with stakeholders to identify potential ways forward. They had been asked to develop criterion for a good model of care. A number of areas were considered including patient experience, finance, access to the right services and workforce capacity. Information from the stakeholder meetings was used to identify a consensus and protocols were developed to measure against each scenario. There were no GPs present at those meetings owing to the conflict of interest.

28. The scenarios that scored highly were:
    a. The development/enhancement of the NHS 111 model.

b. Extended opening hours for GP surgeries from 8am to 8pm, 7 days per week delivered around populations of 30,000, replacing existing walk-in centres.
c. Aligning the out of hours period (to include home visits and appointment booking) to the new GP in hours arrangements, with further exploration of where and how many sites appointments could be delivered from.
d. A GP presence at front of house in A&E.
e. The potential for two minor injury units, one in James cook and one based in Redcar which has x-ray and GP cover with opening times which correspond to demand: or one 24/7 minor injury unit at James Cook Hospital.

29. The scenarios were then progressed to modelling, with various teams looking at aspects such as activity flow and finances.

30. The committee were told that there were a small number of patients accessing the walk-in centres and an even smaller amount from Hartlepool. It was agreed to keep the respective Councils informed of the developments here, they are sent copies of the Committee's papers and are invited to attend the meetings.

31. Following all the information received Members agreed that the proposals constituted a substantial variation and that they should be subject to formal consultation with the committee. As a result the committee then met on 18 December to receive the final options and the formal consultation and engagement plan.

32. The CCG outlined how they had developed the name from Developing an Urgent Care Strategy to Making Health Simple, Right Place First Time. The development of the final scenarios had been informed by best practice, national guidance, key stakeholders and feedback from the public engagement programme. The CCG had worked with partners to develop, refine and weight appraisal criteria (which included GPs, the patient and public advisory group and local councillors). Healthwatch had also acted as a critical friend throughout the process. The first appraisal criteria was used to score each scenario using a five stage process resulting in the six highest scoring scenarios progressing to financial appraisal.

Financial Appraisal

33. The financial appraisal for each of the scenarios was based on high level staff costings only, the optimum affordable solutions included:
    a. Allowing for a small contingency to absorb unquantifiable costs to date.
    b. Further work-up of the activity flows is required to both the GP elements of the pathway and the combined centres offering out of hours and a high level of service delivery.
    c. The work will take place alongside the consultation process timelines to inform further clarity and better understating of the scenarios. The CCG will incorporate both the flow of activity and the potential size and location of the GP hubs into the modelling.

34. There were 3 scenarios put forward for consultation by the CCG

6 extended hours GP centres 6pm – 8pm Weekdays 8am – 8pm weekends	GP working in front of house A&E	GP Out of Hours reduced 8pm-8am 7 days a week	GP led minor injuries unit with x-ray James Cook open 24/7 Redcar open 8am – 9.30pm

4 extended hours GP centres 6pm – 8pm weekdays 8am – 9.30pm weekends	GP working in front of house A&E	GP Out of Hours reduced 9.30pm – 8am 7 days a week	GP led minor injuries unit with x-ray James Cook open 24/7 Redcar open 8am – 9.30pm

This option (above) is the option preferred by the CCG

8 extended hours GP centres 6pm-8pm weekdays 8am-8pm weekends	GP Out of Hours reduced 8pm – 8am 7 days a week	GP led minor injuries unit with x-ray James Cook open 24/7 Redcar open 8am – 9.30pm

35. The committee were told that the aim of the new model was to encourage patients to seek advice and signpost them to the most appropriate service through NHS 111, simplifying the system and enabling the patient to attend the right place first time. It supported primary care and local GP practices in offering enhanced accessibility over 7 days negating the need for walk-in centres, avoiding duplication and increasing affordability in the system.

36. The model was more responsive to actual patient need and greatest demand, combining GP in and out of hours as well as minor injury services, with access to diagnostics. Members were told that a two site model reflected current demand, however as demand reduces in the evenings, a single site approach overnight would ensure optimisation of quality, safety and affordability.

37. The committee agreed that the locations of the hubs were very important. As they had not been determined yet it was felt that issues such as travel distance, parking, noise and safety implications would all play a considerable role and it was felt suitable and workable locations needed to be identified.

38. Members discussed the CCGs proposed consultation arrangements. In addition to discussions with the CCG it was proposed that the Committee would hold additional meetings, in parallel with the consultation timetable, to seek alternative views.

39. Further meetings will be arranged to hear progress on the consultation by the CCG and to receive independent evidence from other stakeholders.

COUNCILLOR EDDIE DRYDEN
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Date: January 2016

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:

(a) The minutes of the South Tees Health Scrutiny Joint Committee of 16 July, 13 October, 17 November, 18 December.