

Meeting: Governing Body			
Meeting Date	24 January 2018	Action	Recommend
Item No.	8	Confidential	No
Title	Bury Urgent Care Redesign		
Presented By	Dr K Patel		
Author	David Latham – Programme Manager		
Clinical Lead	Dr K Patel		

Executive Summary
<p>The CCG's current position with regards to urgent care redesign was considered at the November 2017 Governing Body meeting. At this meeting it was noted that the CCG had reviewed the new national guidance on urgent care, had received confirmation of the Greater Manchester Health and Social Care Partnership (GMHSCP) approach for out of hospital primary care and had reflected on the feedback received to date from local people on its proposals. It was confirmed that a new proposed approach would be the subject of a more detailed paper to the January 2018 CCG Governing Body meeting.</p> <p>This paper describes a new blended model for urgent care that takes into account national and GMHSCP guidance along with feedback received from local people in earlier engagement and consultation phases.</p>
Recommendations
<p>The Governing Body is recommended to approve a period of consultation on the preferred model as described in this paper.</p>

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input checked="" type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input checked="" type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input checked="" type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input checked="" type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input type="checkbox"/>

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:
GBAF <i>[Insert Risk Number and Detail Here]</i>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>The aim is to improve the Bury Urgent Care System for patients.</i>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Full financial implications will be modeled at a later stage in the development of the proposals.</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>Initial work on the Equality, Privacy and Quality Impact Assessment has begun but further work will be required if the proposed model is approved for consultation.</i>						

Governance and Reporting		
Meeting	Date	Outcome
Governing Body	24/01/2018	These boxes are for recording where the report has also been considered and what the outcome was. This will include internal meetings like SMT.
		If the report has not been discussed at any other meeting, these boxes can remain empty.

Bury Urgent Care Redesign

1 Context

Both nationally and locally it is recognised that the urgent care system is under considerable pressure. The Royal College of Emergency Medicine reports a steady deterioration in emergency and urgent care, facing the worst A&E four hour target performance in almost 15 years. They recognise this is a national problem but highlight that at a local level there is a case for better service planning and design to facilitate health care delivery.

2 Engagement and Consultation

In August 2016 NHS Bury CCG's Governing Body received a paper entitled, "Bury CCG Urgent Care Redesign". The paper detailed proposals and rationale for the redesign of urgent care services in Bury. The recommendations in the paper were accepted which triggered a 2 month public and stakeholder engagement period. The 2 month period ran from 1st September 2016 to 31st October 2016 and the CCG Governing Body received a report with further recommendations on 18th January 2017.

Proposals for change were supported in the January 2017 meeting subject to further discussion with the Local Authority Overview and Scrutiny Committee with regards to formal consultation requirements. The CCG was also mindful of the publicly voiced opposition to some aspects of the proposals. The Overview and Scrutiny Committee requested a further 8 weeks formal consultation on proposals.

3 Consultation Pause

During the formal 8 week consultation (commenced February 2017), the CCG was alerted to pending new national guidance which in turn would require a Greater Manchester Health and Social Care Partnership (GMHSCP) interpretation. It was decided to pause the formal consultation to ensure that the direction of travel in Bury was reflective of pending National and GMHSCP directives.

4 Commitment to Consultation

It is a legal requirement in the public sector to consult on significant proposals, however, far too often these exercises are criticised as being a 'tick box' process for decisions that are have already been made. NHS Bury CCG takes its commitment to public and stakeholder engagement/consultation seriously and commits to taking views and opinions onboard to help shape service redesign proposals. With regards to the urgent care redesign proposals the CCG is proud of the approach taken which, at each step, has sought to listen to views of all stakeholders. These views and feedback received, together with the additional guidance have helped to shape the new amended proposals described in this paper.

5 Current Position

The CCG's current position was considered at the November 2017 Governing Body meeting. At this meeting it was noted that the CCG had reviewed the national guidance on

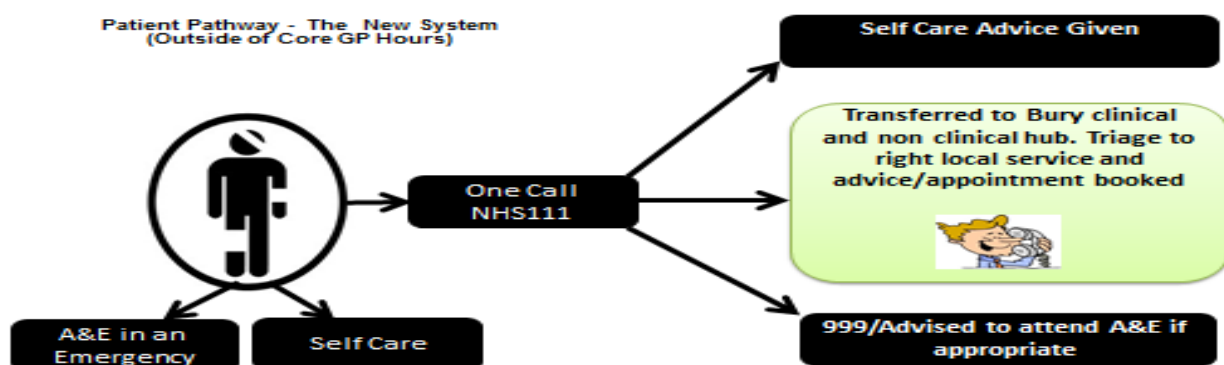
urgent care, had received confirmation of the GMHSCP approach for out of hospital primary care and had reflected on the feedback received to date from local people on its proposals. It was noted that the initial next steps had been discussed through the emerging shadow integrated commissioning arrangement with the Local Authority. Discussions had taken into account the published guidance and feedback received, with a view to developing an appropriate urgent care solution for Bury.

It was confirmed that the proposed approach would be the subject of a more detailed paper to the January 2018 CCG Governing Body meeting.

6 The Original Proposal

The original proposal was diagrammatically presented as follows:

Diagram 1: The Original Proposal



The model above represents the original proposed pathway for patients out of hours. To simplify the process for the patient, if they do not have an obvious 'A&E condition' or were suitable for self-care, the patient would be requested to ring NHS111. This call would result in self-care advice or transfer to a local clinician for clinical advice or other treatment options. The third outcome from a call, if clinically required, would be advice to attend A&E.

The above model contained within it a range of services which in theory would be accessible in part, or in whole, via the proposed Bury Clinical and Non Clinical Hub. The Hub would be staffed by local practitioners able to direct you to the best local response for your need. These services included, GP Extended Working Hours (evening and weekend appointments), Wound Care Services, Vulnerable Patient Services, NWS Green Car Service to avoid where appropriate an A&E attendance, A&E GP Streaming to avoid where appropriate an A&E attendance, Pharmacy and an enhanced level of GP access for appointments via a local GP Quality Scheme.

Whilst there was general acceptance of the concept, as shown in the model above, there were strong local views voiced with regards to retaining a 'walk-in' level access via the current Walk-In Centres (WICs) at Moorgate Primary Care Centre in Bury and Prestwich. With the above range of services in situ and year on year WIC attendance reductions, it had been recommended within the original proposals that there was a valid commissioning case

to discontinue the current WIC services.

7 New Proposal Options

The new national and GMHSCP guidance has required a shift in emphasis. Nationally it has been acknowledged that patients are confused as to which service to access and when. This same specific feedback was identified in Bury in the earlier engagement and consultation phases. Whilst the A&E brand is strong, other forms of urgent, not emergency care have evolved across the country. These urgent care offers are often providing similar services at varying times and under locally evolved names. The NHS England, Urgent and Emergency Care Delivery Plan, April 2017, states nationally that: *'The system is too complicated and fragmented leading to patients not getting the best care and large variations in performance across the country'*.

WICs have never been a nationally mandated service. The new national guidance does not mandate the provision of WICs across the country. It does, however, mandate that by December 2019 patients and the public will be able to access Urgent Treatment Centres which nationally will all deliver against the same core criteria. The ability to walk-in to an Urgent Treatment Centre without the need to have booked an appointment is one of the core required criteria.

GMHSCP interpretation confirms that each CCG in Greater Manchester is required to ensure it has an Urgent Treatment Centre as per the national guidance. The core requirements for an Urgent Treatment Centre far exceed those being delivered by the current WICs. The Delivery Plan states that, *'Not all existing services described as Medical Investigation Unit, (MIU) or WIC will meet Urgent Treatment Centre criteria, however local commissioners will want to align provision of other facilities such as GP Access Hubs – i.e. change of usage, not necessarily closure of service'*.

National guidance requires all Urgent Treatment Centres to be:

- clinically led by primary care staff
- open for 12 hours a day (specific hours to be determined locally)
- able to provide pre-booked appointment
- able to provide same day appointments
- able to provide walk-in appointments
- able to accept appointments from A&E
- able to accept appointments from NHS111
- able to accept appointments from Ambulance services
- able to accept appointments from general practice
- able to provide access to diagnostics
- co-locate in the community or with a hospital
- able to access to GP clinical records

• What does this mean for Bury?

There are two clear options for urgent care redesign in Bury. The first is to simply follow national guidance and GMHSCP guidance to the letter. This would require Bury to establish a single Urgent Treatment Centre and to decommission the two current WIC services.

However, as previously stated, the CCG is minded to respond to the feedback received from local people that they value and want to retain walk-in access to primary care services at a local level. As such, the CCG is proposing a preferred option as described below.

All details presented below are preferred proposals, moving forward, the CCG will liaise with the Overview and Scrutiny Committee to ensure that all the required consultation and engagement duties are met in advance of any decision being made on the future model for urgent care.

Bury currently has two WICs which do not meet the newly mandated Urgent Treatment Centre criteria, by a significant margin. Bury also has three GP access hubs, through which extended hours GP services are currently delivered during the evening and at weekends. These GP access hubs do not at present interlink with wider parts of the urgent care system.

Proposals for Bury will include plans for a new Urgent Treatment Centre located at Fairfield General Hospital in Bury, running alongside the accident and emergency department. In addition, it is initially proposed that three Integrated Health and Social Care Hubs (IHSCs) be developed, located in Bury, Radcliffe and Prestwich to offer a range of services, including GP led walk-in services.

- Initial discussion with partners identified Fairfield General Hospital as a preferred site for a single Urgent Treatment Centre for Bury (Manchester CCG is implementing an Urgent Treatment Centre model at North Manchester General Hospital).
- Bury is proposing to change/evolve the current WICs and three GP Access Hubs, initially creating three IHSCs. This would represent an additional level of access for Bury above and beyond the single Urgent Treatment Centre which is mandated and is a direct response to feedback received during the earlier engagement and consultation phases.
- The IHSCs would offer a range of services, including GP led walk-in services.
- The name 'Walk-In Centre' would eventually be changed so as to not be confused with the newly mandated Urgent Treatment Centre.
- Access to the Urgent Treatment Centre would be open to all people/patients.
- Services via the IHSCs would be for Bury registered GP practice patients only.
- Whilst NHS111 will remain part of the national and local system, GMHSCP has decided that patients requiring urgent care should be advised to contact their GP practice telephone number in the first instance.
- The majority of the other less contentious elements of the original urgent care proposal have been implemented and would form part of the wider urgent system as now.

• What is an Integrated Health and Social Care Hub (IHSC)?

In the new model it is planned to have a single Urgent Treatment Centre, as GM mandated, which will form part of the unified national offer for walk-in access to GP led services. This service will see any patient that walks in. However, Bury wishes to provide an enhanced level of access via three initial IHSCs. The three initial hubs will represent a level of service for Bury GP practice registered patients above and beyond the level mandated. By providing GP led walk-in services at the three hubs, NHS Bury CCG is responding to prior

engagement and consultation feedback which clearly highlighted that Bury patients want to retain access to walk-in services at the current WIC sites.

During 2017/18 it is proposed to continue to build up the model for an IHSCH to be piloted in 2018/19. Initially it is proposed that IHSCHs would deliver:

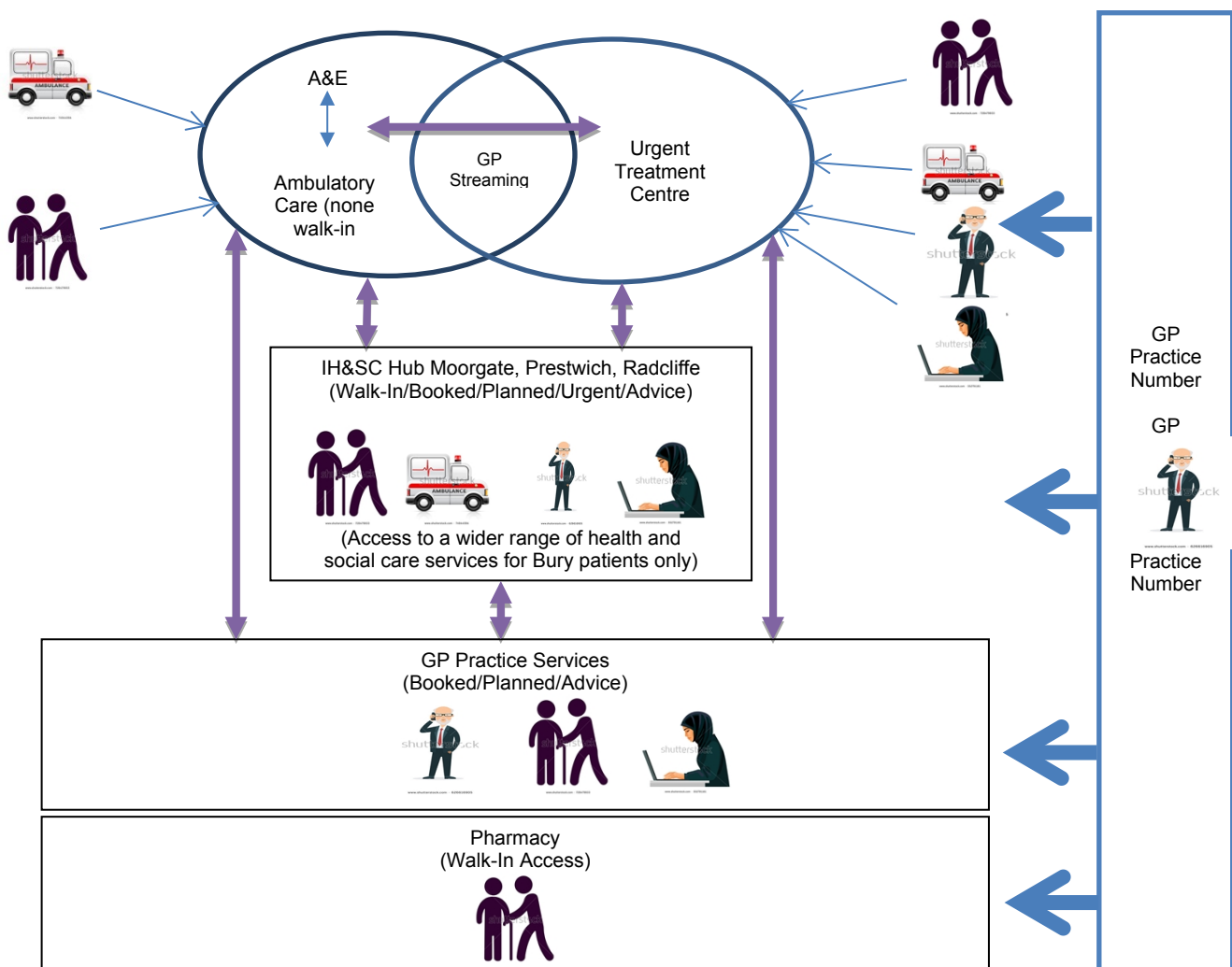
- GP-Led (including nurse) Walk-In Services
- Urgent GP appointment requests
- Access to Bury patient notes (currently not available in WICs)
- GP Extended Working Hours appointments
- Wound Care Services
- Sign posting advice to other services
- Social Care advice and services
- Co-ordination of the other services to support patients in the community.

8 The Preferred Model

Drawn simplistically, the proposed new model looks as follows:

Preferred Model For A Bury Integrated Urgent Care System

Diagram 2: The New Proposal*



The above model represents a blended approach mixing national and GMHSCP guidance, but most importantly retains local walk-in to GP led services as per feedback during the recent engagement and consultation phases. The concept of the single point of access for urgent primary care is centered on the GP telephone number as per the GMHSP preferred approach, NHS111 will remain linked to this.

9 High Level Next Steps

The following is a high level timeline for next steps. It should be noted that these timescales are not confirmed and will be dependent upon the outcomes from the CCG Governing Body and the Overview and Scrutiny Committee meetings in January 2018. As the outcomes to any agreed consultation are also yet to be determined all medium to long term timescales remain subject to further modification.

Short Term Action	Possible Date
Present new model proposal to NHS Bury CCG Governing Body	January 2018
Discuss consultation requirements with the Overview and Scrutiny Committee	January 2018
Consult on the proposed model as required by the Overview and Scrutiny Committee	TBD
Public Consultation period	TBD
Consultation outcomes and recommendations reported to CCG Governing Body	TBD
Medium Term Action	When
Further develop the IVCH model	Q1 18/19
Pilot IHSCH to commence	Q2 18/19
Introduce 12 hour GP streaming model at Fairfield General Hospital	Q1/Q2 18/19
Develop plans for Urgent Treatment Centre	Q1/Q2 18/19
Review IHSC Hub Pilot	Q4 18/19
Longer Term Action	When
Rollout IHSCHs across Bury	Q1 19/20
Open UTC (December 19)	Q3 19/20

10 Recommendation

The Governing Body is recommended to approve a period of consultation on the preferred model as described in this paper.

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January 2018