**Executive Summary**

This paper provides an update on the brief for the Bury Urgent Care Review.

The objectives of the review are identified as follows:

- Improve performance of 4 hour waits to reach the Provider Sustainability Fund agreed trajectory of 92% at FGH by March 2020
- Reduce Non-Elective Admissions at FGH (metrics tbc)
- Deliver £2.6m savings from current spend from Urgent Care Services “in scope” by April 2020
- Redesign to simplify access points to improve patient experience
- Work towards achievement of the GM UEC Improvement and Transformation Plan.

The paper provides details on the objectives of the review, the services in scope, governance, project support and outputs.

This paper provides further information on the structure, support and outputs of the review.

**Recommendations**

It is recommended that the Strategic Commissioning Board:

- note the Bury System Urgent Care Review and Re-design Brief.

**Links to Strategic Objectives/Corporate Plan**

| Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below: | Yes | Choose an item. |

**Implications**
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>☒</th>
<th>No</th>
<th>☐</th>
<th>N/A</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any quality, safeguarding or patient experience implications?</td>
<td>Yes</td>
<td>☒</td>
<td>No</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☒</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Have any departments/organisations that will be affected been consulted?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☒</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Are there any conflicts of interest arising from the proposal or decision being requested?</td>
<td>Yes</td>
<td>☒</td>
<td>No</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Are there any financial implications?</td>
<td>Yes</td>
<td>☒</td>
<td>No</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Are there any legal implications?</td>
<td>Yes</td>
<td>☒</td>
<td>No</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Are there any health and safety issues?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☒</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>How do proposals align with Health &amp; Wellbeing Strategy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>How do proposals align with Locality Plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>How do proposals align with the Commissioning Strategy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Are there any Public, Patient and Service User Implications?</td>
<td>Yes</td>
<td>☒</td>
<td>No</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>How do the proposals help to reduce health inequalities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Is there any scrutiny interest?</td>
<td>Yes</td>
<td>☒</td>
<td>No</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>What are the Information Governance/Access to Information implications?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Has an Equality, Privacy or Quality Impact Assessment been completed?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☒</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Is an Equality, Privacy or Quality Impact Assessment required?</td>
<td>Yes</td>
<td>☒</td>
<td>No</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Are there any associated risks including Conflicts of Interest?</td>
<td>Yes</td>
<td>☒</td>
<td>No</td>
<td>☐</td>
<td>N/A</td>
<td>☐</td>
</tr>
<tr>
<td>Are the risks on the CCG/Council/Strategic Commissioning Board's Risk Register?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☒</td>
<td>N/A</td>
<td>☐</td>
</tr>
</tbody>
</table>
An EIA and QIA will be completed as part of the review process.

| Additional details | An EIA and QIA will be completed as part of the review process. |

<table>
<thead>
<tr>
<th>Governance and Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meeting</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
1.0 SUMMARY

1.1 This paper provides an update on the brief for the Bury Urgent Care Review.

1.2 The objectives of the review are identified as follow:

- Improve performance of 4 hour waits to reach the Provider Sustainability Fund agreed trajectory of 92% at FGH by March 2020
- Reduce Non-Elective Admissions at FGH (metrics tbc)
- Deliver £2.6m savings from current spend from Urgent Care Services “in scope” by April 2020
- Redesign to simplify access points to improve patient experience
- Work towards achievement of the GM UEC Improvement and Transformation Plan

1.3 This paper provides further information on the structure, support and outputs for the review.

2.0 MATTERS FOR CONSIDERATION/DECISION

2.1 The Health Overview and Scrutiny committee is asked to note the Bury System Urgent Care Review and Re-design Brief.

3.0 BACKGROUND

3.1 Over the past three years Bury CCG has been reforming the way urgent care services are delivered. The majority of proposed changes over this period have been implemented, these include:

- Redesign of Extended Working Hours
- Development of GP Quality Scheme which increased access to GPs
- Community Wound Care Services
- Commissioning of NHS111
- Launch of NHS111 Online
- Enhancement of Ambulatory Care on acute sites
- Establishment of a Local Care Organisation (LCO), bringing providers together
- Expansion of the NWAS Green Car Scheme
- Development of Local Integrated Clinical Hub
- Development of Integrated Neighbourhood Teams
- Establishment of four Primary Care Networks in Bury, all providing extra appointments via extended hours

3.2 Over this period there has been much speculation with regard to the future commissioning arrangements for the Walk-In Centres. It is important to note that whilst in scope for consideration within the Urgent Care Review no decisions with regard to the Walk-In Centres have been made. Any future proposals would only be considered in the context of the overall Urgent Care Review.
3.3 Whilst all of the above has helped to modernise the urgent care system in Bury it has not yet managed to integrate service delivery into a single, seamless, easy to navigate system able to cope with the rising demands on urgent care.

3.4 In order to achieve the Bury system has decided to perform a system wide Urgent care Review. Once the review is complete the recommendations, if accepted, will lead to the redesign the urgent care system in Bury. This will reflect a more integrated approach making the system fit for the challenges currently being experienced and for future years.

3.5 This paper sets out the brief for the Urgent Care Review and proposed Governance model. The appendix shows the formal bodies that will provide decision making and assurance roles. There are other groups that will have an engagement role in the Review such as HealthWatch and clinicians. It is important that the voice of Bury people is heard and engagement with HealthWatch and a wider public consultation in the New Year will be important elements of the Review. A Programme Plan is under development, setting out the key milestones between now and April 2020. The Workforce Engagement Forum will be used to engage Trade Unions and providers are being fully involved. We will ensure that they engage their staff and TUs.

4.0 BODY OF THE REPORT

The Bury Urgent Care Review and Re-design brief is detailed below:

4.1 Review Objectives
- Improve performance of 4 hour waits to reach the Provider Sustainability Fund agreed trajectory of 92% at FGH by March 2020
- Reduce Non-Elective Admissions at FGH (metrics tbc)
- Deliver £2.6m savings from current spend from Urgent Care Services “in scope” by April 2020
- Redesign to simplify access points to improve patient experience
- Work towards achievement of the GM UEC Improvement and Transformation Plan

4.2 Services in-scope of Review:
- Emergency Department at FGH
- Urgent Care Treatment Centre at FGH
- Walk in Centres at Moorgate and Prestwich
- GP Out of Hours Service (BARDOC)
- GP Extended Access (Direct Enhanced Services, now commissioned via the Primary Care networks to ensure additional 30 min access per 1000 population)
- GP Extended working Hours (Extends appts 6.30 – 8 p.m. and at weekends)
- GP in hours – availability of appointments
- Green Car service
- Same Day Emergency Care
• IVCH
• Level of GP registration

4.3 Governance

• This Project to be part of a programme of reviews established by the CCG as part of the process for setting the budget for next year as well as being part of the NCA Programme.
• Project Steering Group to be established to include: J Schryer as Chair, S Taylor (MD, FGH), G little (Accountable Officer), Kath Wynne-Jones (LCO), S Barnard as Representative from GM, N Parker (Programme Manager), Councillor A Simpson, Rachel Coaker
• Clinical and Political Oversight Group to be established to meet monthly. Chair TBC, Kiran Patel, Cllr Simpson, Cllr Stella Smith, Kevin Peel, Shona McCallum, Andrea Abbas, Keeley Gibbons, L Williams, A Osei, Dil Jauffur, NWAS, Bardoc, GP Fed.
• A Project Team to be established to meet fortnightly. Nicky Parker to chair. First meeting 10th Oct, then fortnightly.
• Programme reports to Bury Strategic Commissioning Board

See governance drawing in Appendix One

4.4 Project Support

• PMO support via SRFT/NCA
• Analytics support from GM, NCA and TFGM
• Project sub structure to include
• Enablers- Finance, BI, workforce development, estates, ICT

4.5 Outputs

• Project Plan with key milestones and timelines to go to Strategic Commissioning Board on 4th November, deadline for papers 28th October 2019.
• Regular update reports to the Governing Body with savings to commence from April 2020.
• Information and assurance to Bury CCG Governing Body, Bury Urgent Care Board, NES UC Delivery Board, GM Urgent Care Board, Bury System Board, Bury Health and Care Recovery Board, professional Congress and Clinical Cabinet.

4.6 Key Local Reviews to be considered:

• North of England Commissioning Support Unit Capacity and Demand Review – September 2019
• Utilisation Management Review of ED attendances at FGH – September / October 2019
• Emergency Care Intensive Support Team (ECIST) Review of FGH – September 2019 which will also support the Intermediate Care Review (below)
• Various reports developed by the CCG vis-à-vis reviews of urgent Care in Bury
• FGH local analysis (August 19) of ED Growth

4.7 Key inter-Relationships:
• Intermediate Tier Review (on-going, also with a separate savings target, Scope of Review includes Integrated Discharge Team; recommendations from this Review should support flow across the Urgent Care System)
• Review of Operating Model for Integrated Neighbourhood Teams

5.0 CONCLUSION

5.1 The Strategic Commissioning Board is asked to:
• note the Bury System Urgent Care Review and Re-design Brief.

Nicky Parker
Programme Manager - Urgent Care Review
October 2019
Appendix 1

Urgent Care Governance

Strategic Commissioning Board
(NP 4th Nov and 6th Jan)

Bury UC Delivery Group
(Dl attend 9th Oct, 11th Dec. NP attend 13th Nov)

Urgent Care Project Steering Group
(NP, monthly)
(Chair JS, GL, Cllr Simpson, ST, SB, KWJ, RC, NP)
NP to organise dates and invitations

Clinical & Political Oversight Group
(NP, monthly)
(Chair KP, Cllr Simpson, SMc AA, DL, MW AS, KG, LW AO,
BARDOC, GP Fed, Cllr S Smith, Kevin Peel, JS, NP)
NP to organise dates and invitations

Health and Wellbeing Board

Urgent Care Project Delivery Team
NP Chair, meets fortnightly. Projects to be scoped in Oct

Key
Decisions
Assurance
GM
Delivery

Appendix 1