

Governing Body (public) meeting

DATE: 28th November 2013

Title	Urgent Care	
Recommended action for the Governing Body	That the Governing Body: Note the information provided on urgent care and agree to receive regular updates throughout the winter period	
Executive summary	The paper provides an overview of the system work on urgent care including the governance structure in order to support delivery of high quality responsive services. It includes an overview of specific projects taking place within the system including: <ul style="list-style-type: none"> • Urgent Care Walk In Centres, Urgent Care Centres and Out of Hours Services • 111 • Winter Funding • Operational management • Wider QIPP • Winter Campaign 	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	164.1, 167.1 A&E and 111
	Equality and diversity	
	Patient impact	Fail to support patients to access services through winter surge

Clinical Commissioning Group

	Financial	Increased attendances at A&E
	Legal issues	
	NHS constitution	Performance to meet 4 hr wait
Consultation (public, member or other)	HOSC and HWBB for specific projects	
Audit (considered/approved by other committees/groups)		
Communications plan	Per paper	
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	Clinical lead	Executive sponsor Sarah Blow
Date	13/11/13	

Urgent Care Update November 2013

1. Background

Demand for accident and emergency (A&E) services are rising and financial pressures are growing. In Bexley we are seeing our attendances stay flat and emergency admissions reduce, however costs continue to rise. In SEL we also have deteriorating performance on a number of important indicators, including the four-hour wait for A&E and ambulance handover targets. These areas are a high priority nationally and with patients.

It is important that we have a strategic approach to reducing the complexity of the system for patients, with leadership across the whole system rather than attempted individual fixes. Our commissioning of urgent care services needs to include consideration of primary care and chronic disease management; support for patients in their own homes and in care homes; and the provision of flexible and timely community services to allow reduced admissions and rapid patients discharge from hospital.

2. Collaborative working.

We are currently working on a number of areas which will support delivery of improved services in the urgent care system. It is important that we complete this work with our partners. This includes local authorities, providers, patients, other CCGs and NHSE.

In South East London we have set up a number of processes and Governance structures to ensure that we are working across the system and are able to work pro-actively and responsively to the urgent care system. We have also had to ensure that new structures reflect changes to the provider system including the dissolution of SLHT.

All commissioners value highly the partnership working that has taken place in the past and wish to ensure that we build on existing good working relationships as well as building new ones for the future.

Bexley, Greenwich and Lewisham as part of a wider South East London System, will be working together with our partners and providers to give leadership to the local system through new governance arrangements. Within these arrangements we are setting up 3 new groups.

- The Lewisham Urgent Care Working Group
- The Bexley and Greenwich Urgent Care Working Group
- The Bexley, Greenwich and Lewisham Urgent Care Network

The Urgent Care Network will provide high level strategic leadership to the system and has a small planning group that will meet to tackle any significant issues identified across the 3 areas and to prepare and plan for meetings of the wider group. It is anticipated that the wider group will meet in workshop form no less than 2 and no more than 4 times per year.

The Urgent Care Working Groups will meet monthly initially and will fulfil a more operational role, managing the system, receiving and reporting on progress and performance, redesign and pathways. The Chief Officer from Bexley has taken on a leadership role as lead Chief Officer for Urgent care across Bexley, Greenwich and Lewisham.

3. System changes and Current Work

3.1 Urgent care, OOH and WIC in Bexley

There has been a significant amount of work done locally within Bexley CCG to review the current system of Walk in centres, Urgent care Centres and Out of Hours Services. This culminated in recommendations by the Governing Body, set out in a paper that was presented to Health Scrutiny and Health and Well Being Board in October.

The principles underpinning the redesign of these services is affirmed by the NHS England publication 'High quality care for all now and for future generations: Transforming Urgent and Emergency Care Services in England (June 2013)', which asserts that "the diverse nomenclature of urgent care services causes confusion amongst patients and healthcare professionals." It further states that "this confused picture can cause the lack of standardised clinical practice amongst differing services and a lack of clear information given to patients" and that "this variation can cause a delay in access to appropriate treatment, multiple contacts with different clinicians and ultimately a poor experience for the patient."

Other studies 'Urgent Care Centres: What works best' October 2012, by the Primary Care Foundation, and 'Effective Approaches in Urgent and Emergency Care' June 2012, by the NHS Emergency Care Intensive Support Teams, both emphasise the need for urgent care services to have a strong identity about the type of treatment which can be provided in an urgent care service and emphasise the need to embed Clinical Governance into these services in order to secure good clinical outcomes for patients.

These best practice approaches and principles are reaffirmed in the Emerging Principles of the impending Keogh review into Urgent and Emergency care.

The review of the existing services within Bexley has been clinically led by Dr Varun Bhalla, GP Governing Body member and Sue Robinson, Bexley's Urgent Care Lead.

This development supports the national agenda of providing care close to home, treating people in the most appropriate place for their need and ensuring people have access to safe, high quality urgent care.

Bexley CCG wishes to address the problems associated with a fragmented service provision of urgent and unscheduled care, by replacing the 5 current service locations with 2 service locations and

providing higher quality integrated services between the sites, full details are available in the paper in Appendix 1.

3.2 NHS 111

Bexley CCG has been working with other CCGs across SEL to develop local 111 services and ensure that there is a smooth transition from existing services provided by NHS Direct through a future planned procurement and transitional services provided by London Ambulance Services. South East London has now passed the 3 national Gateway processes and is implementing the transitional arrangements. Regular updates on this have been provided to the governing Body, and will continue through the transition and procurement phase.

3.3 Winter Funding

South East London, specifically the old South London Healthcare trust footprint is considered a challenged health economy and has therefore been eligible to bid for Winter Monies. National winter monies were targeted at systems considered by the tripartite panel (Monitor, Trust Development Authority and NHS England) to be at greatest risk of being unable to sustain performance of the A&E 4 hour operational standard across quarters 3 and 4 of 2013/14. An indicative allocation of no more than £55m was identified for the 10 London health economies considered to be challenged, based upon percentage share of overall A&E activity.

Bids have been submitted and agreed by the tripartite panel. Alongside these bids the system has produced demand and capacity modelling and proposals for trajectories in order to meet the national 4 hr target. Included within the bids for winter monies for Bexley, there will be:

- Increased bed capacity on the QMS site
- Enhanced rapid Assessment in A&E and senior level coverage at front of house
- Increased 7 day working across the system in adults and paediatric services

All detailed plans are monitored and implemented via the Urgent Care Network and Working groups.

The Chief Officer of the CCG and Chief Executive of Lewisham and Greenwich Trust regularly attend meetings with the tripartite panel and NHS England to review progress on the performance targets and implementation and impact of winter funding.

3.4 Operational and Surge Arrangements

South East London CCGs run a number of surge and operational processes to manage the system at busy times. On call arrangements are in place with Directors and Chief Officers covering a 24hr rota.

We have appointed to 2 posts within the SEL system to support us, a project manager for urgent care for South East London, supported by a

Bexley, Greenwich and Lewisham post supporting the Networks and Working groups.

There are a number of local and London wide conference calls to ensure the system is managed appropriately and that any peaks and troughs in activity are managed by the system. This process is led by the SEL CCG Chief Officers.

Bexley is also part of a wider piece of work to ensure we have excellent emergency procedures across London and are level 2 responders for any significant emergency event.

3.5 Links to mainstream QIPP and commissioning

The urgent care system is linked directly to existing work at a SEL level through the SEL strategy work and at a local Bexley level with work on Long Term Conditions, Integrated care with the Local Authority, Older Care Model for QMS and directly into QIPP with work on Long term Conditions and other significant areas that impact on non- elective activity.

Primary care development will also be key to success of the urgent care system, work is progressing on opportunities for Primary care at a South East London level and at a local level. Further information on this will be discussed with the governing body at a later date

This work will continue to be a high priority for the CCG as we progress with our operational and Strategic plans

3.6 SEL Winter Campaign

In South East London, CCGs are collaborating through the Community Based Care programme to improve the quality of local services and ensure that patients are seen in the most appropriate place by excellent services that are close to home.

As the national (and not consistently evaluated) 'Choose Well' campaign has been discontinued, CCGs in south east London wanted to develop a refreshed approach to encouraging appropriate use of services, building on best practice, insight and targeted communications and engagement activities to deliver behaviour change.

The overarching objective is to reduce the general population and targeted groups using A&E services inappropriately and to encourage use of alternative services and self-management.

The objectives for the communications project were to develop a campaign to support this that was;

- Clearly different and higher impact than the old DH 'Choose Well' style campaign
- Targeted at specific groups

- Used evidence based interventions and campaign materials where possible
- Be based on insight from patients and representative samples of the public of south east London
- Be flexible to accommodate different messages according to local priorities
- Have a life-span of longer than just winter
- Should align to and support LA led 'Keep warm, Keep Well'
- Good value for CCGs
- Able to demonstrate value for money in the context of linking behaviour change to a reduction in A&E attendances

The proposed spend per CCG is based on a solid evidence base and represents the appropriate level of investment to gain the publicity required for the campaign to have appropriate impact on behaviours and thereby reduce A&E attendances amongst target groups.

The "Yellow Man" campaign represents value for money compared to developing a new and separate campaign either as individual CCGs or collectively. Additionally the level of confidence of the success of the campaign is high due to the evaluation of the NE London work last year. The campaign will be rolled out across Bexley over the winter period.

4. Conclusion

This paper gives a high level overview and tries to pull together the differing workstreams that impact on urgent care in Bexley. More information is available on specific projects and programmes. The Executive Team will continue to update the governing Body on progress on projects and high level operational impacts as we progress through the winter period and into other times of high pressure within the system.

Sarah Blow
Chief Officer
November 2013¹

BEXLEY HEALTH AND WELLBEING BOARD

TUESDAY 22 OCTOBER 2013

UNSCHEDULED AND URGENT CARE REVIEW

The attached report sets out the work undertaken by Bexley Clinical Commissioning Group, in reviewing the urgent and unscheduled care landscape within Bexley, taking into account the reconfiguration of acute services within South East London, the current and emerging best practice guidance. It recommends the redesign of the current fragmented services to provide a cohesive, integrated and improved network of Urgent Care Centres (hub and spoke) which will support:

- The development of an updated Urgent Care system which meets residents' needs, and
- The A&E acute services.

A report from the London Borough of Bexley's Health Overview & Scrutiny Committee precedes the attached.

The Bexley CCG's Governing Body considered and approved these recommendations during their public meeting on 26 September 2013.

This is provided for the Board's information and discussion.