

# **PAPER FOR THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**WEDNESDAY 3 DECEMBER 2014**

## **SANDWELL AND WEST BIRMINGHAM CCG URGENT AND EMERGENCY CARE STRATEGY**

Members of the Joint Health Overview and Scrutiny Committee are asked to:-

- **Support the overarching Urgent and Emergency Care Strategy for Sandwell and West Birmingham**
- **Agree to consult on the model with local patients.**

## 1. Introduction

1.1 The Sandwell and West Birmingham Health and Social Care partners have jointly committed to review and redesign the current urgent and emergency care system, in order to develop a holistic, patient centred, vision for the next five years and beyond. All organisations are committed to a whole system approach, ensuring a 24 hour, seven day a week, urgent and emergency care service is provided to patients in Sandwell and West Birmingham. The aim is to ensure that we have “a simple to navigate, sustainable and patient focussed high quality urgent and emergency care system providing 24/7 access that ensures patients are seen by the most appropriate health professional at the right time in the right setting”

1.2 Urgent and emergency care services in Sandwell and West Birmingham have evolved in response to evidence based practice and guidelines, along with relevant NHS policy changes along with changes in demand. Locally, the current model for urgent care services sees a multitude of providers and locations which is confusing for patients. The services were not all commissioned concurrently and have instead been added into the system in a piecemeal way. Previous commissioning strategies have been focussed on diverting demand away from the front door of the hospital, leading to the development of a range of fragmented services at different locations including:

- 2004 Three GP Out of Hours clinics at Sandwell Hospital, Neptune Health Centre and Broadway Medical Centre.
- 2010 Walk In Centre Parsonage Street
- 2010 Summerfield Urgent Care Centre
- 2012 GP Front End Sandwell
- 2013 GP Front End City
- 2013 NHS 111 (2013) 24/7 telephone access to healthcare underpinned by a local directory of services

1.3 Over time this has resulted in the development of numerous services that can appear to the patient as unrelated, each with different names and access points. This has created a complicated system with multiple connections and complex patient flows. Patients and health and social care professionals can find it challenging to navigate around these services efficiently. Recent national advice is to co-locate urgent care centres with emergency care centres to remedy the current complex system in place.

1.4 CCG clinical Leads and officers have been working with partners and embracing national recommendations and policy drivers to develop the direction of travel for urgent and emergency care for the next five years. This paper sets out the planned strategic direction the health economy plans for the next five years and beyond.

1.5 The CCG has a number of deadlines to meet in relation to procurement processes for out of hours services and walk in centres, these cannot be negotiated. The procurement timeline is attached in Appendix 1.

1.5 A consultation with patients was last undertaken eight years ago in relation to urgent care services. The CCG plans to undertake a 12 week engagement and listening exercise in relation to the proposed strategy.

## 2. Detail of report

2.1 The Sandwell and West Birmingham Health and Social Care partners have jointly committed to review and redesign the current urgent and emergency care system, in order to develop a holistic, patient centred, vision for the next five years and beyond. All organisations are committed to a whole system approach, ensuring a 24 hour, seven day a week, urgent and emergency care service is provided to patients in Sandwell and West Birmingham.

2.2 In Sandwell and West Birmingham there has been a continued rise in demand for urgent and emergency care across the whole system, in particular, rising demand on both the GP in and out of hours services. Sandwell and West Birmingham has an extremely diverse and increasingly ageing population, and there is a continued rise in all long term conditions. In the future, managing this demand may become unsustainable within the current local configuration of health and social care systems. As technology and clinical techniques advance, so do the expectations of the public in being able to access health and social care services in more convenient and flexible ways.

2.3 The Right Care Right here ambitious change programme, along with the authorisation by the Treasury to build the new Midland Met Hospital, expected to go live in 2018/19 has given us great opportunities to redesign and develop urgent care services locally. Our urgent care strategy therefore is dynamic, responsive and value for money. NHS England is leading on the development of a national Framework for Urgent and Emergency Care which will be available for Clinical Commissioning Groups in 2015/16. It is proposed that the framework will help Clinical Commissioning Groups commission consistent, high quality urgent and emergency care services across the country and within the resources available.

2.4 In 2013, NHS England ran a national consultation and engagement exercise with patients asking patients to outline what their needs were. The principles and design objectives as outlined in Sir Bruce Keoghs Urgent and Emergency Care review (2013) are as follows:

Principles for urgent and emergency care in England outline a system that:

1. Provides consistently high quality and safe care, across all seven days of the week
2. Is simple and guides good, informed choices by patients, their carers and clinicians
3. Provides access to the right care in the right place, by those with the right skills, the first time

4. Is efficient and effective in the delivery of care and services for patients.

2.6 The system objectives are as follows:-

1	Make it clear how I or my family/carer access and navigate the urgent and emergency care system quickly, when needed.
2	Provide me or my family/carer with information on early detection and options for self-care, and enable me to manage my acute or long-term physical or mental condition.
3	Increase my or my family/carer's awareness and publicise the benefits of 'phone first'.
4	When my need is urgent, provide me with guaranteed same day access to a primary care team that is integrated with my GP practice and my hospital specialist team.
5	Improve my care, experience and outcome by ensuring the early input of a senior clinician in the urgent and emergency care pathway.
6	Wherever appropriate, care for and treat me where I present (including at home and over the telephone).
7	If it's not appropriate to care for and treat me where I present, take or direct me to a place of definitive treatment within a safe amount of time; ensure I have rapid access to highly specialist care if needed.
8	Ensure all urgent and emergency care facilities can transfer me urgently, and that the transport is capable, appropriate and approved.
9	Real time information, essential to my care, is available to all those treating me.
10	Where I need wider support for my mental, physical and social needs ensure it is co-ordinated and available.
11	Each of my clinical experiences should be part of programme to develop and train clinical staff and ensure development of their competence and the future quality of services.
12	The quality and experience of my care should be measured and acted upon to ensure continuing improvement.

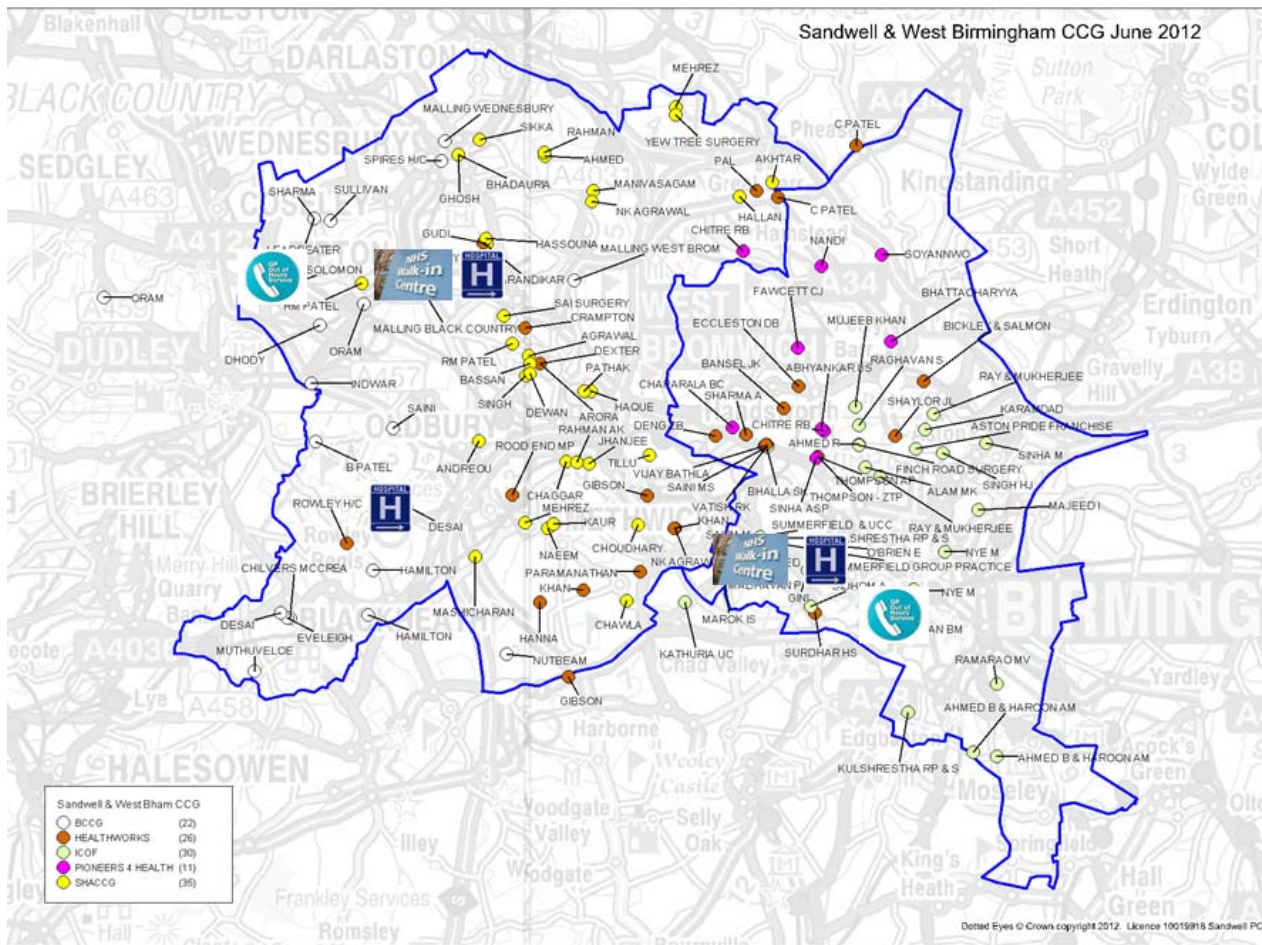
*Sir Bruce Keoghs Urgent and Emergency Care review (2013)*

2.7 Urgent and Emergency Care Services in Sandwell and West Birmingham have evolved over time, in response to evidence based practice and guidelines, along with relevant NHS policy changes along with changes in demand. Locally, the current model for urgent care services sees a multitude of providers and locations which is confusing for patients. The services were not all commissioned concurrently and have instead been added into the system in a piecemeal way. Over time, this has resulted in the development of numerous services that can appear to the patient as unrelated, each with different names and access points. This has created a complicated system with multiple connections and complex patient flows. Patients and health and social care professionals can find it challenging to navigate around these services efficiently.

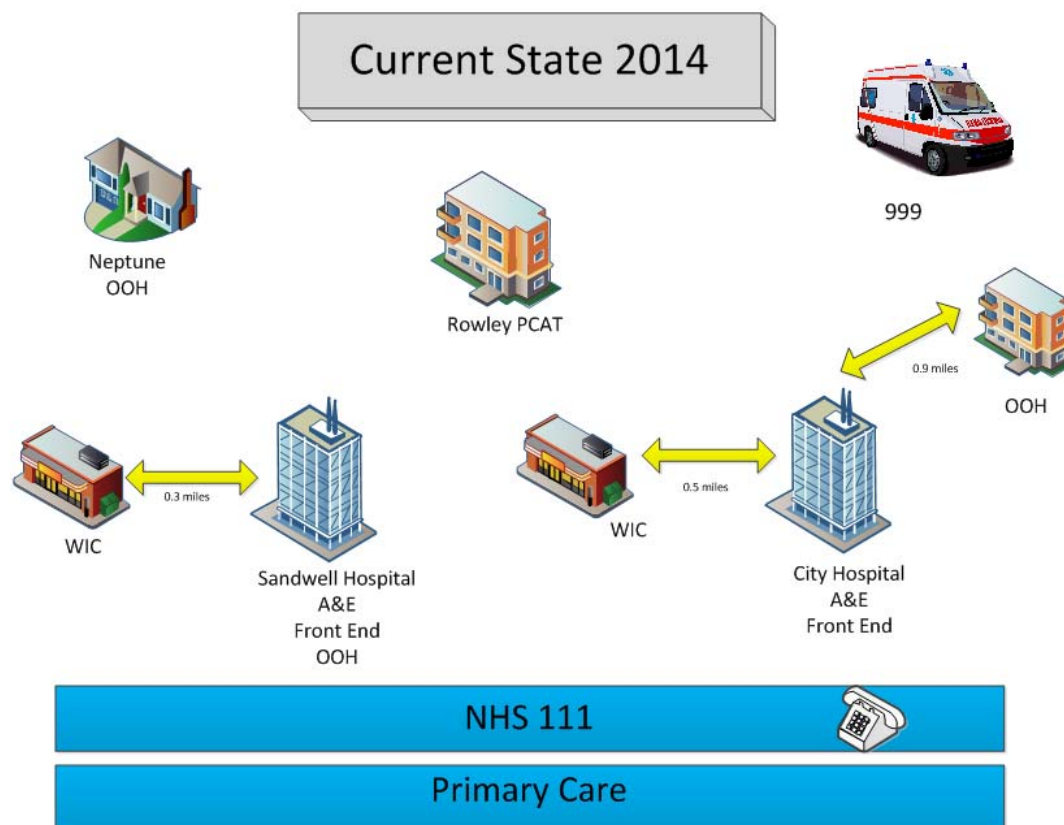
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Recent national advice is to co-locate urgent care centres with emergency care centres to remedy the current complex system in place. Diagram 1 shows the CCG boundary with current access points in relation to the three hospitals, two walk in centres and three out of hours clinics.

**Diagram 1 – Urgent Care Locations 2014**



**Diagram 2 – Current state of 12 access points for Urgent and Emergency Care in Sandwell and West Birmingham.**



2.8 Diagram 2 shows the 12 access points where patients in Sandwell and West Birmingham can currently access urgent and emergency care from. Local discussions with patient forums have told us they find this system confusing and patients and carers do not know which services to access. Furthermore, there is duplication in the system, with provider services in very close proximity to each other.

2.9 The list below details the access points and opening times that are currently commissioned by the CCG.

A) Emergency Departments (ED) – 24/7 services at two sites within the CCG boundary although it is recognised that a number of our patients will choose to access ED services through other acute trusts, more conveniently located for them. EDs are equipped to deal with a wide range of illnesses and conditions.

B) Walk in centres (WICs)– 08:00 – 20:00 services, 7 days a week. Again, there are two within the CCG boundary but SWBCCG patients do access WICs elsewhere, most notably in Dudley. There is variation between services but most are commissioned to

provide a response to many minor injuries and illnesses.

C) Out of hours GP services – provide a primary care response between 18:30 – 08:00 during the week and all day weekends and bank/public holidays. Patients will either receive telephone based advice and support, an appointment in primary care clinic or a home visit.

D) GP primary care front end – provided at both Sandwell and West Birmingham Hospitals emergency department sites, 09:00 – 00:00, 7 days a week. Patients are triaged into the service by a senior clinician at the emergency department front door. This service is designed to pull-out those patients with minor injuries and illnesses from mainstream ED.

E) NHS 111 – telephone triage service with underpinning pathways directing patients to the most appropriate service. Currently only 10% of the CCG population is using 111 services.

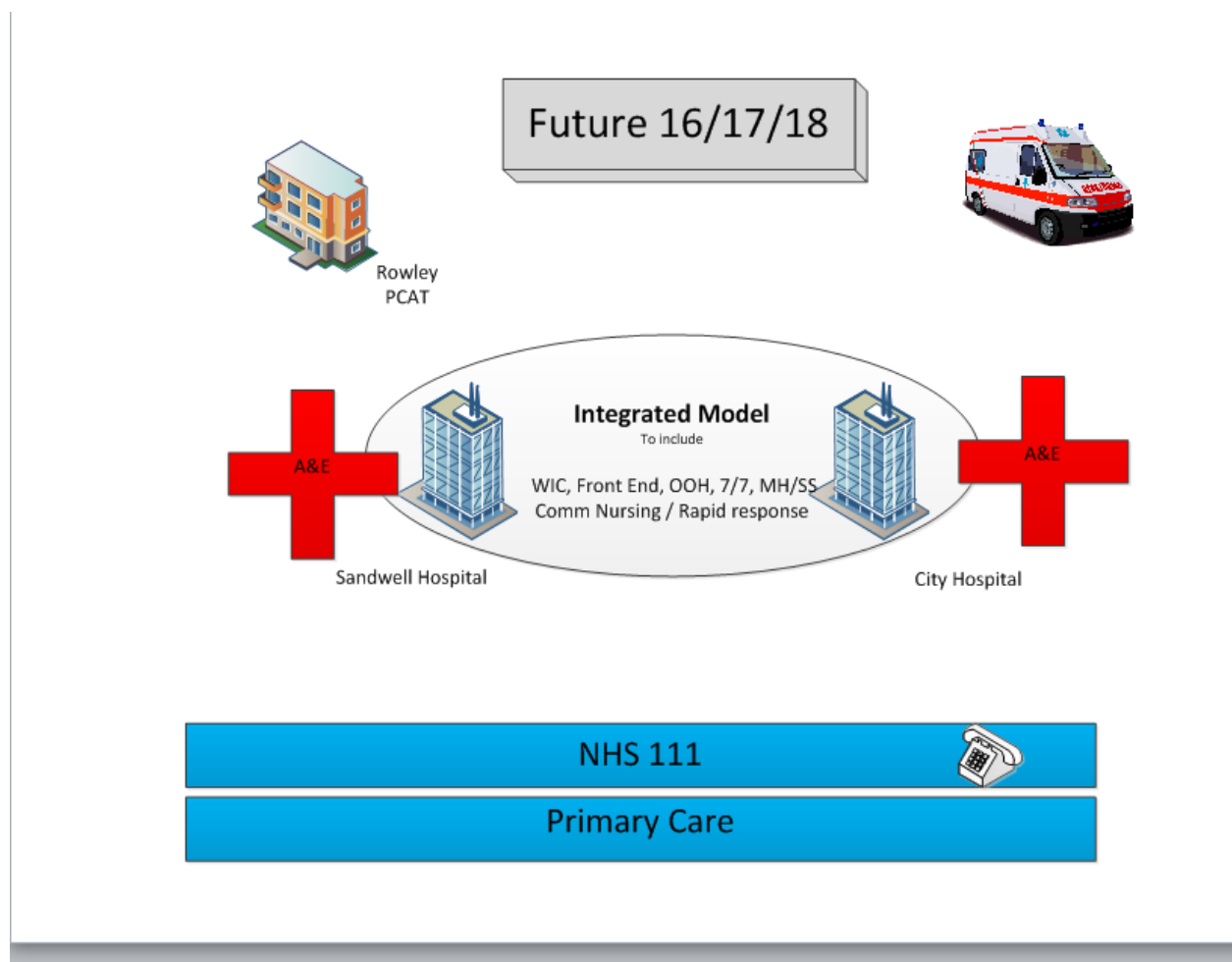
## 2.10 Urgent Care Activity – Table 1

	2012/13	2013/14
<b>SWBH A &amp; E</b>		
<b>City</b>	94,639	79,825
<b>Sandwell</b>	73,727	67,611
<b>Total</b>	<b>168,366</b>	<b>147,436</b>
<b>SWBH GP Front End</b>		
<b>City</b>	1,301 (part year only)	20,361
<b>Sandwell</b>	6,873 (part year only)	18,006
		<b>185,803</b>
<b>Prime-care</b>		
<b>Face to Face</b>	11,773	14,001
<b>Advice</b>	10,569	16,018 (increase since implementation of 111)
<b>Home Visits</b>	6,340	5,046
<b>111 calls</b>	Unable to determine	64,000
<b>WICS</b>		
<b>Parsonage Street</b>	32,674	42,042
<b>Summerfield</b>	31,877	43,219
<b>Total</b>	<b>269,773</b>	<b>370,129</b>

Table 1 above shows the current activity spread over the last two years.

2.11 Given the complexity of the local current system, national and local patient feedback and the national drivers to co-locate and integrate Urgent and Emergency Care Services. The CCG is proposing the following step change models in Diagrams 2 and 3.

**Diagram 2**



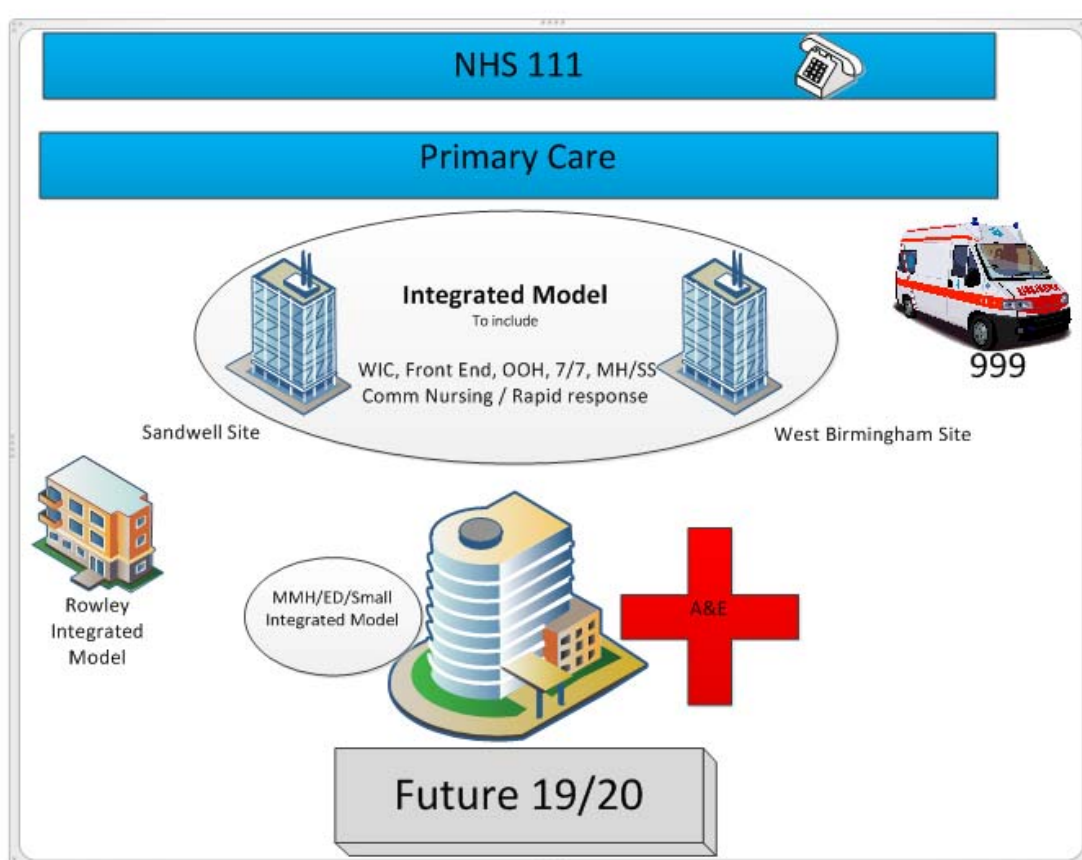
2.12 Diagram 2 shows that our intention would be to go from 12 access points to six access points. The intention would be to commission an integrated model that includes the activity from walk in centres, out of hours services, the GP front end services, along with integrating mental health, social care, community nursing services and admission avoidance services. The intention would be to locate these on the existing city and Sandwell acute hospital sites, somewhere adjacent to the current emergency departments. Sandwell and West Birmingham Hospitals Trust have confirmed their commitment to utilising their site. As a consequence, between the two sites the primary care activity would be 137,629 per annum, equating to 68,814 per site. This calculates into 1,323 visits per week per site and 189 visits per day per site. Due to the current duplication in the system where patients access multiple service providers it is anticipated that these numbers would reduce due to having one integrated service, with shared records and no confusion for patients. Croydon CCG, who have commissioned a similar model, have reported the impacts to be:



1. Patients seen by the right professional first time
  2. Reduction in urgent care contacts by 3000 patients per month (9,000 to 6,000)
  3. Improved patient experience and less complaints
  4. Reduction in near misses and evidence of less variation
  5. Reduction in costs due to integrating the services
- Croydon CCG Urgent Care Redesign – case studies (2013)*

2.13 This model would be a step change to the longer term model as detailed in Diagram 3.

### 2.14 Diagram 3



2.15 Diagram 3 shows the future state when the Midland Met Hospital goes live with seven access sites. The main hospital would contain a small 24/7 integrated model along with one emergency department.

The legacy site at Sandwell Hospital would continue as an urgent care integrated model. However, the CCG would need to determine a site in the West Birmingham area in order to house the Birmingham integrated model. The current City site is not

expected to be a large legacy site, only the Sheldon Block at City Hospital will remain as a community provision. Urgent care capability, possibly through PCAT, could be further developed at Rowley Regis. There is a pilot Primary Care Assessment and Treatment Centre running in Rowley Regis Hospital, if this proves to be successful we would be looking to roll this model out into the West Birmingham side of the CCG.

2.16 The model now assumes an increase in NHS 111 activities, which is underpinned by all of the behaviour change work to be undertaken over the next 3 - 4 years. This is demonstrated in Diagram 3, with 111 being at the top of the model instead of underpinning it. During this time, the CCG will work with Primary Care GP providers to develop improvement in urgent care primary care access .

2.17 Our model is completely consistent with the new Five Year Forward View (NHS England, 2014).

### **3. RECOMMENDATIONS**

3.1 Members of the Joint Health Overview and Scrutiny Committee are asked to:-

- **Support the overarching strategy for sandwell and West Birmingham**
- **Agree to consult on the model with local patients**

#### **Contact officer with contact telephone number**

Lisa Maxfield, Senior Commissioning Manager (Urgent care and Intermediate care)  
0121 612 1460