

SHROPSHIRE AND TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 11/01/2019

Urgent Treatment Centre Joint Project Group Briefing Paper

REPORT OF THE T&W NHS CCG SENIOR PROJECT MANAGER

1.0 PURPOSE

- 1.1 To brief the Scrutiny Committee on Shropshire and Telford & Wrekin CCGs' plan to procure the nationally mandated Urgent Treatment Centres including the CCGs' related plans for communication and engagement activity.

2.0 RECOMMENDATIONS

- 2.1 That the Committee note the contents of the report and confirm JHOSC support for the level of planned communication and engagement activity associated with this service development.**

3.0 INTRODUCTION

3.1 Urgent Treatment Centres (appendix 1)

NHSE published 'Urgent Treatment Centres – Principles and Standards' guidance (appendix 1) in July 2017. The delivery of Urgent Treatment Centres form one element of the "Next Steps on the NHS Five Year Forward View (5YFV)" that was published in March 2017 with the intention of improving A&E performance, a stated national service improvement priority. The national requirement is that UTCs are in place by December 2019.

4.0 KEY INFORMATION

4.1 Current related service provision

There are two Accident and Emergency Centres within Shropshire. One is located at Royal Shrewsbury Hospital (Shrewsbury) and the other at Princess Royal Hospital in Telford.

Each A&E has an adjacent GP led walk-in/GP streaming service which treats patients assessed as not clinically requiring the specialist acute service of the Emergency Department according to local criteria. Each service currently operates to a different specification.

Both current contracts for the existing walk-in/GP streaming service come to an end in 2019 with no option for further extension and therefore the CCGs have agreed that they will be replaced with the nationally mandated Urgent Treatment Centres. This will also end the service inconsistency on each site through a joint procurement under one service specification, one contract and, in line with national policy, with one name.

4.2 National Standards for Urgent Treatment Centres

The CCGs will ensure that the UTC's conform to the following minimum national standards:

- 1) Open for at least 12 hours a day seven days a week, including bank holidays.
- 2) GP Led, supported by an appropriately trained multidisciplinary clinical workforce.
- 3) The scope of practice will include minor illness and minor injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries.
- 4) Provide both pre-booked same day and "walk-in" appointments; however patients and the public will be actively encouraged to use the telephone or internet to contact NHS 111 first whenever an urgent care need arises, with access via NHS 111 becoming the default option over time, as walk-in attendances diminish.
- 5) Support patients to self-care and use community pharmacy whenever it is appropriate to do so.
- 6) For patients who require an appointment in the urgent treatment centre this will be booked by a single phone call to NHS 111 or via the Ambulance Service; locally patients will be encouraged to use NHS 111 as the primary route to access an appointment at an urgent treatment centre.
- 7) Patients who "walk-in" to an urgent treatment centre will receive a rapid initial clinical assessment within 15 minutes of arrival.
- 8) Following clinical assessment, walk-in patients will be given an appointment slot, which will not be more than two hours after the time of arrival.
- 9) Patients who have a pre-booked appointment made by NHS 111 will be seen and treated within 30 minutes of their appointment time.
- 10) Protocols in place to manage critically ill and injured adults and children who arrive at an urgent treatment centre unexpectedly.
- 11) Access to appropriate investigations to enable safe, effective, high quality clinical assessment and treatment.
- 12) Be able to issue prescriptions, including e-prescriptions and emergency contraception.
- 13) Direct access to local mental health advice and services.

4.3 Existing GP Streaming/Walk-In service offer compared to New UTC Service

The UTC Service will offer a similar but enhanced delivery model to the current service offer on both acute hospital sites. There will be no diminution of service offer available to the public as a consequence of procuring an UTC on each acute hospital site (to replace the existing walk-in service/GP streaming service).

The enhancements to the service offer relate to the introduction of some new elements when compared to the current service. The most notable are:

- Increase in opening hours of PRH service (from 11 hours to 12 hours)
- Increased access to diagnostics

- Increased scope of minor injuries to be seen within the UTC
- Pre-bookable appointments through 111/WMAS which means patients can remain at home rather than waiting in A&E (seen and treated within 30 minutes of appointment time rather than potentially waiting for two hours as a self-presentation).
- Provides an appointment being allocated for self-presenting walk in patients within 2 hours of being streamed to the UTC
- UTC patients with a pre-booked appointment will be seen within 30 minutes of their appointment time.

Note: the opening hours at PRH are currently 1100 – 2200. The proposed 12 hour time slot for the UTC will be 0800 – 2000. This is to tie in with OOH and assist A&E with peak patient footfall.

4.4 Expected Outcomes

- More consistent and better quality rapid initial clinical assessment on arrival (streaming)
- Improved patient experience with appointment slots and defined waiting times standard
- More patients managed through the UTC relieving pressure on ED contributing to improved A&E performance
- Provides a consistent service offer on both acute sites
- More integrated and seamless working between acute and GP led service
- Provides a strong base on which the Future Fit model can build when Future Fit moves into operational delivery.

4.5 Relationship to Future Fit Proposals

The CCGs recognise the importance of including in this JHOSC briefing a description of the relationship of this procurement exercise to the Future Fit Transformation Programme and its published service offer proposal of an Urgent Care Centre on both acute sites.

This service development is not aiming to implement the Future Fit model. It is wholly in response to the need to implement nationally mandated policy in 2019 and to replace two contracts which expire (in 2019) to ensure essential service continuity. That said, the CCGs recognise the need to ensure that this procurement exercise delivers an interim solution which provides a sound foundation on which the CCGs can transition to the final Future Fit model when approved. The service specification will specifically reference that the Provider is expected to be open to future innovation and service development as set out in the Future Fit Transformation Programme for Acute Hospitals and focus on offering their own

solutions to further develop and refine the service model in light of that.

NHSE National Guidance on urgent treatment centres is explicit in the nomenclature (Urgent Treatment Centre) to be used for services that meet the core set of standards as described in the NHSE Guidance.

The UTC contract duration to be offered will allow flexibility to enable the transition to the Future Fit agreed model.

4.6 Communication and Engagement Plan

The CCGs propose to undertake communication and engagement activity as part of this procurement exercise. To-date, there has been patient input to the project through the patient reps (from both T&W and Shropshire) who are members of the project group and have been active in the development of the service specification from the outset and there will have been public and patient input at a national level in design of the national UTC principles and standards.

Prior to formal publication of the Invitation to Tender, patient views will further be sought by talking with service users in A&E and the adjoining GP led walk-in/GP streaming service.

Given this is nationally mandated policy, and as there is no diminution to the current service offer through the introduction of Urgent Treatment Centres, the CCGs do not propose to undertake formal consultation but will aim to undertake communication and engagement activity which:

- Explains the nature of the new service offer
- The rationale for doing this ahead of Future Fit
- To involve staff, patient and public representatives and other stakeholders in the development and implementation of Urgent Treatment Centres in Shropshire and Telford and Wrekin
- To inform and engage local stakeholders ensuring they have the opportunity to feedback on UTC proposals

During the communication and engagement activity, the service the CCGs are procuring and seeking views on will be referred to as an 'Urgent Treatment Centre'. This will allow differentiation with the Future Fit nomenclature (Urgent Care Centre) on which the public have recently been consulted.

The level of communication and engagement has been determined following discussions with both CCGs Communication and Engagement Teams, the Future Fit Comms Team, and the Joint Project Group membership (which includes patient representation).

The proposed level of engagement/involvement with the public is:

- patient representative members on the weekly Joint Project Group
- development of a suite of information resources, including briefings and Q & As, which can be used across numerous communication channels including web sites

and social media. These would also be shared with partners and stakeholders to increase reach and accessibility.

- seek the views of existing service users at A&E and GP Streaming/Walk-in services, supported by tailored resources which would not only explain why the service is being changed and its potential benefits but also capture feedback
- Assuring Involvement Committee (sign-off – Telford only)
- Telford Patients First Group (collect feedback)
- Shropshire Patients' Group to be briefed and proposal shared
- Liaise with Healthwatch and seek their input into the planned communications and engagement work with a view to increasing the opportunity for local people to become engaged and informed

4.6 Timeline

The key milestone dates for the procurement are contract award in summer 2019 with new contract start date of 1st October 2019.

5.0 FINANCIAL/VALUE FOR MONEY IMPACT

Both CCGs are currently in the process of working out the financial envelopes for each CCG and the payment mechanism on which the contract will operate.

6.0 LEGAL ISSUES

6.1 Procurement

A procurement exercise is required as current contracts for the delivery of this service (with IMH and Shropdoc) expire next year, and there is no option to further extend. Our Procurement Team have advised that there is sufficient market interest to warrant an open tender exercise and that the risk (of legal challenge) to the CCGs would be significant if they were to directly award the contract to a provider instead of going out to the market.

Report prepared by Jon Hart, Senior Project Manager (T&W CCG) and Emma Pyrah, Head of In-Hospital (SCCG)