

<b>Title of meeting: Governing Body</b>							
<b>Date of Meeting</b>	09/07/2019			<b>Paper Number</b>	5.1a		
<b>Title</b>	East Berkshire On the Day Urgent Care – Programme Update						
<b>Sponsoring Director</b> (name and job title)	Rachel Wakefield Associate Director for Urgent & Emergency Care and Specialist Services						
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)	Annabel Buxton, Priya Kumar, Adrian Hayter, Jonathan Brudney, Rohail Malik						
<b>Author(s)</b>	Matthew Staples						
<b>Purpose</b>	This paper provides an update on programme progress for On the Day Urgent Care since April 2019, when Governing Body agreed a change to the programme timeline.						
<b>The Committee is required to (please tick)</b>							
<b>Approve</b>	<input type="checkbox"/>	<b>Receive</b>	<input type="checkbox"/>	<b>Discuss</b>	<input type="checkbox"/>	<b>Note</b>	<input checked="" type="checkbox"/>
<b><u>Executive Summary</u></b>							
This paper provides Governing Body with an update on progress of the On the Day Urgent Care (ODUC) programme							
Since April:							
<ul style="list-style-type: none"> <li>• urgent care activity across East Berkshire has been re-modelled against the newly formed Primary Care Networks, allowing for discussion over the summer as to their emerging plans to manage same day demand and how relevant demand within community based walk in services, 111 and the Emergency Department could be managed differently in the future.</li> <li>• scoping has begun to identify the potential for an integrated service across ODUC, integrated care Locality Access Points, a local CAS and the Primary Care Networks.</li> <li>• joint work with Frimley Health FT and South Central Ambulance Service has begun to identify the impact of late afternoon arrivals by ambulance at the Emergency Department, that have been referred by GPs and whether these cases could be managed differently in the community as part of a same day offer</li> <li>• feedback on outline service models has been received from the Thames Valley Clinical Senate and their recommendations are being considered in the work identified above.</li> </ul>							
<b><u>Recommendation(s)</u></b>							
<b>To note progress of the On the Day Urgent Care Programme</b>							

<p><b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i></p>	<p>Limited risks anticipated in agreeing the formation of Primary Care Networks and for transference of responsibility for delivery of extended access to these Networks from existing GP practices.</p>
<p><b>Legal implications/regulatory requirements</b></p>	<p>The CCG will implement the Network DES in line with the required national standard contract and the requirements therein.</p> <p>All appropriate legal requirements will be addressed through contract management and oversight from the CCG Primary Care team.</p>
<p><b>Public Sector Equality Duty</b></p>	<p>Equality of access for the whole population of East Berkshire is a key requirement of the Network DES.</p>
<p><b>Links to the NHS Constitution (relevant patient/staff rights)</b></p>	<ul style="list-style-type: none"> <li>• Improving Patient Outcomes</li> <li>• Reducing Health inequalities</li> <li>• Improving access</li> </ul>
<p><b>Strategic Fit</b></p>	<p>The implementation of same day care, the development of Primary Care Networks, a Clinical Assessment Service and Locality Access Points, is in response to the publication of the NHS Long Term Plan and the GP five-year framework.</p>
<p><b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Existing contract values for 18-19 as described in the accompanying paper</p> <p>‘East Berkshire On the Day Urgent Care – Removal of Improving Access to General Practice from programme scope’.</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>The aim of the CCG is to improve access to and the quality of the following access points to urgent care:</p> <ul style="list-style-type: none"> <li>• Improving Access to General Practice services, offering convenient access at evening and weekends to multi-disciplinary care, allowing continuity of care to patients with long term conditions in addition to those seeking same day demand through booked appointments.</li> <li>• Out of Hours primary care, offering urgent on the day management to patients overnight and at weekends when their usual GP practice is not available</li> <li>• Urgent treatment centres (UTCs), offering booked appointments and management of walk in patients with minor illness and injury in locations that meet</li> </ul>

	<p>the NHS England standards for UTCs.</p> <ul style="list-style-type: none"> <li>• Integration with Integrated Urgent Care and 111 Online, offering seamless access to primary care management when 111 has determined that this is clinically appropriate to a patient's need</li> <li>• Integration with frailty and social care services, offering holistic management of need</li> </ul> <p>Quality of the existing services will be monitored through the relevant Contract Review and Quality Improvement Meetings.</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>An OUDC programme board is well established which features a range of clinical representation across the CCG. This meets monthly.</p> <p>Clinicians are well engaged through the monthly locality meetings in regard to development of Primary Care Networks.</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>Extensive public engagement has been undertaken across the localities as part of development of the On the Day Urgent Care service model. Extensive provider engagement has also occurred.</p> <p>Public representation forms part of the Programme Board and the extended Programme Board that met to review and refine the Options Appraisal Framework. The latter also included local elected representation in addition to CCG lay members.</p>
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p><b>Domain 1 Preventing people from dying prematurely;</b></p> <p><b>Domain 2 Enhancing quality of life for people with long-term conditions;</b></p> <p><b>Domain 3 Helping people to recover from episodes of ill health or following injury;</b></p> <p><b>Domain 4 Ensuring that people have a positive experience of care; and</b></p> <p><b>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</b></p>