

## **East Berkshire Urgent Treatment Centre designation – Request to seek deferment from NHS England**

### **Executive Summary**

This paper informs Governing Body that a request has been made to NHS England (NHSE) regarding deferment from the future designation of Urgent Treatment Centres (UTCs) beyond the national milestone of December 2019, in line with the timeline supporting the On the Day Urgent Care (ODUC) service programme that was agreed by East Berkshire Clinical Commissioning Group Governing Body in April 2019.

As set out in the Long Term Plan, published in 2019, CCGs are required to identify the future provision of urgent care services outside of Emergency Departments, aiming to designate all remaining type 3&4 services (covering minor injury units and walk in centres) as UTCs or to change their function to deliver primary health care services by December 2019.

CCGs are permitted to defer designation beyond this date where such a decision would support wider service development. Within East Berkshire the ODUC programme is well established and has undertaken robust engagement with NHSE, previously identifying that local designation of UTCs would take place after December 2019. NHSE have recently published a template for formal approval of such a decision, which this paper supports.

We are currently considering how same day care can be delivered across the Frimley Integrated Care System (ICS) footprint to offer a fully integrated service alongside the formation of Primary Care Networks (PCNs), development of integrated care Local Access Points (LAPs) and the expansion of the Clinical Assessment Service (CAS) within Integrated Urgent Care that will, by 2023, act as the point of entry to community based services and post-hospital discharge support.

The Programme Board believes that there is a significant opportunity to shape local services across health and social care, providing an agile and fully integrated service offering joint triage and decision making from the start of a patient or service user's journey, no matter their entry point to care. The development of this service will require planning during Q2 and 3 in 2019-20 and as such the future delivery of community based services cannot be fully articulated at present.

A programme timeline was agreed at the April Governing Body meeting that supports this decision making with deferment planned:

- to take account of the maturity of our Primary Care Networks and delivery of national contract changes around on the day access, and the development of our integrated care models at place
- to enable any future urgent care models to be designed to reflect the allow the Frimley ICS system response to the LTP, which is being developed over the summer
- to align with the timeframes for the submission of our ICS estates business cases which are due later in this financial year and the delivery of these premises which have a direct correlation with delivery of our aspirant integrated health and care model across East Berkshire and the wider Frimley system
- to enable us to progress our detailed work with partners outside of our ICS to consider how on the day care may be delivered beyond the Frimley system including the expanded Clinical Assessment Service (CAS).

**Governing Body is asked to note the formal request for deferment to designate Urgent Treatment Centres within East Berkshire beyond the December 2019 national milestone.**

## Background

In line with the NHS Long Term Plan and opportunities within the newly published GP Framework and prior urgent & emergency care initiatives, there is an opportunity for East Berkshire to develop an integrated model of same day access that offers patients comprehensive triage and treatment across a range of health and social care services. An On the Day Urgent Care (ODUC) programme board is well established and has undertaken robust engagement with the public and other stakeholders to understand their needs for same day care.

The programme board is currently exploring how the development of Primary Care Networks, who will be responsible for delivery of same day primary care within footprints of 30,000- 50,000 patients and expansion of the Clinical Assessment Service, which will provide a range of clinical expertise to support front line clinicians and those working within 111 Integrated Urgent Care, can provide a service that more robustly supports patient access to community based care, in addition to additional capacity and resilience within services. The general practice response to urgent care needs was one of the main things that local people told us they would like to see addressed.

There is also significant potential for these elements to be more closely aligned with the development of integrated care and the provision of Locality Access Points in the future, offering comprehensive access to a range of social care. Our vision is for seamless management across health and social care, providing a holistic response to patients.

NHS England recognise that patients can be confused by the range of same day care currently – spanning Urgent Care Centres (UCCs), Walk In Centres (WICs), Minor Injury Units (MIUs), Emergency Departments (EDs), Out of Hours (OOHs) and in hours primary care, with many patients attending ED by default when their level of clinical need may be better managed in another setting. To improve clarity, NHSE require CCGs to consider the future of UCCs, WICs and MIUs and determine whether they will meet the standards for Urgent Treatment Centres (set out below) and be designated as such or will be commissioned differently as part of the primary care offer to patients. Currently, none of the community based walk-in facilities within East Berkshire meet all of these standards.

The principle requirements for an UTC are:

- GP led service with other multidisciplinary clinical workforce
- Open for at least 12 hours a day, seven days a week, 365 days a year
- Digital: Direct booking from NHS 111 and other services, direct booking into in hours primary care, Access to care records, e-prescribing ability, transmission of Post-Event Message to patient's GP
- Access to simple diagnostics (urinalysis, ECG, near-patient testing)
- Access to x-ray facilities, with clear access protocols if not available on site
- Access to Mental Health services
- Ideally co-located with primary care facilities, including GP extended hours / GP Access Hubs, Integrated Urgent Care Clinical Assessment Services or with acute Emergency Departments

The Long Term Plan states (p19):

*We will fully implement the Urgent Treatment Centre model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111.*

To support this, CCGs are asked to determine whether their existing walk-in facilities will meet the UTC standards or not, by December 2019. Those services not meeting the UTC standards will be incorporated into local primary care provision.

NHS England acknowledge that some systems may be undertaking wider service development that prohibits designation of services by this date and allow, by exception, CCGs to defer decision making beyond the December milestone. Such requests are subject to scrutiny by the regional director of the South East for NHSE and are supported by a formal review process, which was published in May 2019.

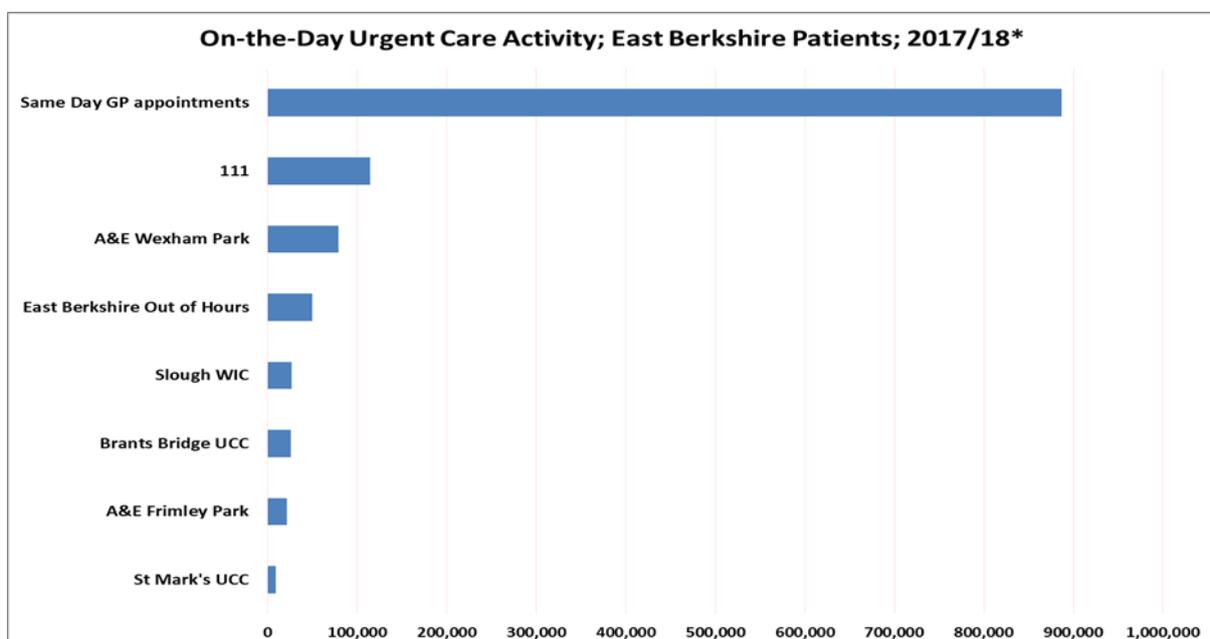
**Same day care in East Berkshire**

Patients registered within East Berkshire access same day care across a range of physical and virtual services locally, from their registered GP practice, 111 and 111 Online to walk in community based care and ED.

There are three walk-in facilities within East Berkshire outside of the Emergency Department – Slough Walk in Centre, St Marks Urgent Care Centre at Maidenhead and Brants Bridge Urgent Care Centre at Bracknell.

All three of these facilities are linked to the Thames Valley Integrated Urgent Care service (111) and allow direct booking into an appointment for patients ringing 111, in addition to those walking in to a site for care.

In 2017-18, there were approximately 1.2 million same day appointments made across all services, with c. 326,000 contacts outside of in-hours primary care.



Access to same day care via a patient’s GP is both the most common mode of access and the preferred route, as identified in ‘the Big Conversation’ and engagement work that the CCG undertook in 2018. Further details of that engagement are available via:

<https://www.eastberkshireccg.nhs.uk/our-work/transforming-urgent-care-services/>

We are confident that the current services in place across East Berkshire provide a high degree of care to our patients and that there are no quality or safety concerns at present that would prohibit further consideration of a new model of care during 2019. We have engaged with our existing providers at appropriate points during our journey and they remain supportive of our approach.

We have undertaken significant engagement with the public and other stakeholders throughout this process, providing regular updates through a variety of means. We are confident that patients understand the rationale for developing a new model of same day care support and will benefit from the additional consideration we are giving to the closer alignment of health and social care locally.

In addition, the ODUK Programme benefitted in March from an independent workshop, run by the Thames Valley Clinical Senate, to test the unintended consequences of outline options for care. This workshop reviewed a range of potential future models and there was significant disparity between views of the stakeholders (c. 60 attendees from a range of primary & secondary care, CCG and Local Authorities) as to the role of primary care and how this might impact upon same day management of illness and injury. The Senate will report its recommendations to the Programme Board in due course (anticipated in June); however, it was clear from this meeting that Primary Care Network's impact upon patient access to services is not clear at present.

Frimley is participating in the national pilot of the new clinical standards for the 4 hour target, which are anticipated provide powerful information as to how the STP should configure services for patients with minor conditions who may experience longer waits within ED than currently. Data analysis to support the ODUK programme identified that there are significant populations within East Berkshire whose cultural preference is to attend ED rather than community based care; learning from this pilot as to how these patients change their behaviour in the face of a different experience in an acute setting will be invaluable in helping us shape our community response.

### **Primary Care Networks (PCNs)**

Primary Care Networks are to be formed on 1<sup>st</sup> July 2019. Within East Berkshire there are eight approved networks supporting patient populations of c. 32,000 to 84,000. PCNs will be responsible for the delivery of care within their footprints, including by 2021 a focus on reducing clinically inappropriate ED attendances and admissions and offering evening and weekend access to care. The maturation of PCNs and their plans for delivering same day care will require time and the CCG Governing Body recognised this in April 2019, when a proposed timeline for the On the Day Urgent Care programme was agreed that will see development of place based plans across Q2 and 3.

The timeline for national implementation of PCNs is:

2019/20: A national review to determine implementation of two elements of the contract

- 1- improving access to general practice
- 2- delivery of the new extended hours DES, to include consideration of primary care weekday care 0800-2000

2020/21: Publication of the Review (target month for publication unknown currently) producing the specification that PC Networks must deliver for April 2021/22 onwards

2021/22: Delivery by all PC Networks of the new specification including existing Improving Access to General Practice services

### **Integrated Care and Locality Access Points**

An Integrated Care workstream and the development of decision making hubs is well established within the CCG, with recent consideration of the additional value that could be brought to patients by integrating such LAPs with other same day care. Such a service would have significant advantages to patients and staff, providing a single point of access at the beginning of a patient's journey, coordinating care from that point and minimising the risks of poor handoffs between services, with improved multi-disciplinary team oversight. The LAP is anticipated to function 0800 to 2000 on weekdays, with separate arrangements for the out of hours period.

Development of the LAPs is currently focussed on services for adults and that time is required to fully scope how children's services, particularly Children & Adolescence Mental Health Services would be provided within this model.

### **Clinical Assessment Service**

The Integrated Urgent Care (NHS111) service is supported by a range of multi-disciplinary clinicians available to support patients online and by phone and in some services such as Out of Hours, provide face to face care. This provision is known as the CAS and is a mix of virtual and physical care, provided across a range of sites that are linked electronically to provide a single network. Patients contacting 111 are supported by a seamless service and are often not aware that they have been connected to a clinician sitting in another building.

The Long Term Plan identifies significant expansion of the CAS by 2023, to include post hospital discharge support and rapid access to a range of community based care and will act as the access point for both staff and patients.

Development of a local CAS could, depending on how Primary Care Networks wish to respond to same day care, provide a coordinated point of triage and referral for practices in addition to a wider range of clinicians such as community nursing, who could provide a more rapid local response than is available currently with the Thames Valley Integrated Urgent Care service.

It should be noted that consideration of the CAS supports further joint development of plans for a single service that encompasses same day care and services provided through the LAP, which will include both urgent and planned care. Requirements for the CAS to provide discharge support and rapid community response have not been robustly considered at an STP level and Frimley should develop its local response such that it could lead discussion with other commissioners, given that East Berkshire is part of the Thames Valley IUC service, while the remainder of Frimley has a separate contract.

### **Estates**

An ambitious estates programme investing NHS Improvement capital investment across the ICS and East Berkshire will deliver the infrastructure needed for our integrated primary care hub model. The model is designed to reduce non-elective demand and to intervene earlier in the pathway for those patients where evidence suggests a hospital admission is not beneficial and might be avoided, and early indicators are positive, with greater ambitions following the delivery of the estates.

This primary care based model also supports patients returning to their home or community through a co-ordinated integrated multi-disciplinary response, including GP support. By developing a network of integrated sites across the system, each serving around 30,000-50,000 population with alignment with PCNs we will deliver a cohesive out of hospital offer in fit for purpose estates that will deliver a substantial change in future non-elective demand, particularly within the acute sector.

The docking of the integrated care model with Primary Care Networks will require modern and flexible premises, to attract and retain key workforce, delivery care in a good environment for patients and bring together professionals to co-locate across organisations to truly integrate care for our patients.

Along with this programme a further four sites will be developed with NHS England capital investment built around general practice with service docking designed with the local population in mind. These premises will be future proof for general practice and new models of care, with at least one development in each locality in east Berkshire new operating models supporting integrated care will be tested and matured.

The design of the premises will include the digital capabilities to ensure patients have access to the latest digital initiatives in primary care and also build capability in the hardware model with touch screen check in, digital navigation, remote access for professionals and online consulting.

### **Engagement with NHS England**

The Programme Board has engaged with NHS England throughout the development of the programme and in September 2018 successfully passed through stage 1 (the strategic sense check) of the 2-stage assurance process for service change. Regular meetings with NHS England regional colleagues have continued, in addition to email briefings.

NHSE are aware of the CCGs intention to defer UTC designation beyond the December 2019 milestone and have previously been sighted on a new model of care being considered for April 2020; however, the decision by the CCG Governing Body in April 2019 to extend the programme timeline further to take account of the opportunities within the Long Term Plan as outlined above, with the subsequent increase in time for the programme, has not been formally indicated to NHSE, although informal contact by email and phone has occurred.

### **Programme Timeline**

Taking into account the developments above, the CCG Governing Body in April agreed to extend the ODOC programme timelines, with key decision making milestones anticipated as follows:

- June to November 2019: Development of new models of care, scoping the inclusion of a Clinical Assessment Service, Integrated Care and plans from the PCNs; development of a revised Appraisal Framework to assess potential future models of care
- January 2020: Shortlisting of options
- March 2020: Public consultation begins (if required)
- June 2020: Decision making regarding a future service model

A more detailed programme timeline is provided as Appendix A.

### **Existing contract extensions**

A paper requesting extension of relevant existing urgent care contracts is going to the CCG Governing Body in July 2019, seeking approval of extension to a date relevant to the decision made by Governing Body as regards extension (currently contracts are in place until March 2020). This will allow for current services to continue to the planned launch date if formal procurement of a new service is required or the service launches in a phased way with some elements continuing under existing provision for a short period.

While extension of existing contracts is not considered a risk, it should be noted that the recommended timeline provides the greatest period of surety for existing providers.

### **Summary**

Nationally, NHS England is keen for commissioners to designate all remaining type 3&4 (walk in and minor injury unit) services as UTCs or to change their function to become other primary health care services by December 2019. As stated in the LTP, by autumn 2020 the UTC model will be fully embedded as part of a consistent 'out-of-hospital urgent care' offer in all localities with the option of appointments booked through a call to 111. CCGs are permitted to defer designation where such a delay would improve service development and delivery of care.

Across East Berkshire, the existing walk in centre and minor injury units are already fully integrated with the Integrated Urgent Care service and offer directly booked appointments, supporting patients to access the right care, first time.

There are significant opportunities available within the Long Term Plan and local consideration of how same day urgent and primary care, locality access points and an enhanced Clinical Assessment Service can offer patients across Frimley comprehensive coordination of care and a response to their physical, mental health and social care needs.

Determination of future walk in care must be taken in the context of these wider opportunities and as such, the CCG could lose opportunities for integration and improved patient care by designating, or not, existing facilities as Urgent Treatment Centres prior to robust consideration of a system-wide solution. The CCG has sought formal agreement for deferment of decision making beyond the December 2019 milestone, in line with the programme timeline.

**Appendix A – Programme timeline**

| <b>Date</b> | <b>Milestone</b>  |   |
|-------------|---|---|
| Jul-19      | Primary Care Networks develop same day care strategy ;<br><br>Programme Board develops strategy for overnight / weekend care as part of a Clinical Assessment Service that meets health and social care Local Access Point requirements (Jonathan Sly-led workstream) |   |
| Aug-19      |   |   |
| Sep-19      |   |   |
| Oct-19      |   |   |
| Nov-19      |   |   |
| Dec-19      | Shortlisting of Options via Options Appraisal Framework;  |   |
| Jan-20      |   |   |
| Feb-20      | Organisational decisions on shortlist   |   |
| Mar-20      | Approval of consultation plans  |   |
| Apr-20      | Public Consultation<br>(If required)  |   |
| May-20      | Public Consultation<br>(If required)  |   |
| Jun-20      | Consultation / Recommendation of future service model paper write up  |   |
| Jul-20      | Organisational decision on service model  |   |
| Aug-20      | <b>Depending on preferred service model outcome by Governing Body</b>   |   |
| Sep-20      |   |   |
| Oct-20      | Formal competition of the service (e.g. procurement / tender process)   |   |
| Nov-20      | OR  |   |
| Dec-20      | Mobilisation of new service (Launch date Jan 1st 2021)  |   |
| Jan-21      | <b>Depending on preferred service model outcome by Governing Body</b>   |   |
| Feb-21      |   |   |
| Mar-21      |   |   |
| Apr-21      |   |   |
| May-21      |   | Mobilisation of new service if competitively tendered (Launch date July 1st 2021) |
| Jun-21      |   |   |
| Jul-21      |   |   |