



NHS
Brent
Clinical Commissioning Group

Health and Wellbeing Board
24 January 2018

**Report from the Assistant Director -
Integrated Urgent Care & Long
Term Conditions, NHS Brent CCG**

Integrated Urgent and Emergency Care Developments

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	3
Background Papers:	The Keogh Urgent and Emergency Care Review https://www.nhs.uk/NHSEngland/keogh-review/Pages/about-the-review.aspx
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1.0 Purpose of the Report

1.1 This Report provides the Health and Wellbeing Board with an update on the latest development of Integrated Urgent Care (IUC) within Brent and more widely across North West London. This Programme is being developed and will be mobilised on a STP wide basis.

2.0 Recommendation(s)

2.1 The Committee is asked to discuss and note the content of this report.

2.2 The Committee is asked in particular to note the wide ranging changes to access arrangements and service delivery the national and London approaches to Integrated Urgent Care will give rise to for all NHS unscheduled care users

3.0 Detail

Brent CCG together with the North West London (NWL) CCGs are working together to deliver an Integrated Urgent Care (IUC) service with NHS 111 as the Single Point of Access. The importance of a functionally IUC service to address the fragmented nature of out-of-hospital services was highlighted as part of the Five Year Forward

View Next Steps, the 2013 Keogh Review of Urgent and Emergency Care and the NHSE Commissioning Standards for Integrated Urgent Care (2015). The national service specification for the provision of integrated, 24/7 urgent care access, clinical advice, and treatment was introduced in August 2017.

This new pathway for the delivery of integrated urgent care services is designed to have the following attributes:

- Deliver 'Consult and Complete' by increasing clinical consultation to calls
- A Single call to get an appointment Out of Hours
- Data sent between providers
- The capacity for NHS 111 and OOHs is jointly planned
- The SCR is available
- Care plans and patient notes are shared
- Appointments made to in hours GPs
- Joint governance across urgent and emergency providers
- Clinical Hub containing GPs and other health care professionals

NHS England has mandated the following for all systems and are considered national priorities:

- IUC service coverage, 100% by April 2019
- 111 online, 100% available across NWL by Q4 17/18
- clinical contact, 50% by April 2018
- 111 booking into GP practice, 30% by April 2018
- booking appointments into OOH, 95% by April 2019
- extended hours coverage, 100% by April 2019
- enabler projects including: pharmacy lines, dental lines, mental health lines, special patient notes and ambulance re-triage

In September 2017, NWL CCG's approved a two year direct award pilot to the incumbent providers of NHS 111 and GP OOH services, to deliver an integrated Urgent Care service across the STP footprint of Northwest London.

The service is due to commence from Apr 2018 during which time a robust business case will be produced to support a full procurement and mobilisation in 2019/20. The key components for IUC are as follows:

- GP led service with other multidisciplinary clinical workforce
- Open for at least 12 hours a day seven days a week 365 days a year
- Direct booking from NHS 111 and other services
- Access to care records
- e-prescribing ability
- Access to simple diagnostics
- Access to x-ray facilities, with clear access protocols if not available on site

3.1 NHS 111

Brent patients account for approximately 50,500 contacts with NHS 111 annually. This is almost 25% of all contacts from patients in outer North West London boroughs.

The publication by NHS England in late August 2017 of the new national service specification for the provision of integrated 24/7 urgent care access, clinical advice and treatment incorporates the elements of NHS 111 service and GP Out of Hours (OOH) services.

The new NHS England Commissioning standards are more prescriptive than before and require fundamental changes within Integrated Urgent Care across the STP. Focusing on a 'Consult and Complete' model, the new standards require that 50% of calls will be spoken to by a clinician rather than only a health adviser and a GP available in the service 24/7, 365 days a year. This model has been shown to deliver better patient outcomes, reduce duplication of service and reduce demand at ED departments and on 999 Ambulance services.

This will be achieved through the NHS 111 number becoming the key co-ordinating function for all urgent care needs. Patients will access Urgent Care through their GP in hours, with access to NHS 111 via telephone and on-line 24/7.

We have recently implemented the *6 service which acts as a by-pass for care homes accessing clinical support from NHS 111. This will continue alongside a telemedicine service which will operate across all eight North West London CCGs from April 2018.

3.2 Clinical Assessment Service (CAS)

The model for an Integrated Urgent Care Clinical Assessment Service requires the following offer for patients:

- access to urgent care via NHS 111, either a free-to-call telephone number or online;
- triage by a Health Advisor;
- consultation with a clinician using a Clinical Decision Support System (CDSS) or an agreed clinical protocol to complete the episode on the telephone where possible;
- direct booking post clinical assessment into a face-to-face service where necessary;
- electronic prescription; and
- self-help information delivered to the patient.

The Future Clinical Assessment Service

Over time the CAS will continue to evolve, and will:

- Manage urgent appointment bookings, providing the access point for urgent care GP appointments, allowing GP surgeries to focus on scheduled and LTC care. It will be able to book patients 24/7 into Urgent Treatment Centres and Out of Hours Treatment Centres.

- Send a text message confirming appointment details and change or cancel appointments if necessary.
- Be *the key access point* for all urgent care services including the co-ordination of near-patient testing prior to clinical face-to-face (live or virtual) appointments, and enabling all prescriptions to be electronically prescribed and delivered to house bound patients.
- Develop into a single point of access for both urgent health and social care services, becoming the coordination and delivery centre for all clinical hospital discharge support services; community IV services, home visiting multidisciplinary clinical services, mental health and will integrate all specialist care clinicians.
- Use appropriate technology such as picture image sharing ability, video consultation technology and new patient wearable technology data sharing ability to maximise the number of consultations that can be completed within IUC.

3.3 Out of Hours Services

As noted above the out of hours landscape in North West London is complex. Across North West London there are 200 opted in practices, (53% of all practices) meaning that the GP practice has opted to provide the Out of Hours GP care to their patient population. They have mainly provided this by sub-contracting that care to in part or in whole to a 3rd party provider. Across NWL this is either London Central & West Unscheduled Care Collaborative or Care UK. These are individual contracts with the 3rd party provider and each practice has a different requirement and potentially a different charging mechanism.

3.4 Directory of Services

The Directory of Services (DOS) is a central directory - which is integrated with NHS Pathways – and provides the NHS 111 call handler with real time information about services available to support a particular patient.

For example, the clinical assessment within NHS Pathways gathers information that indicates the specific clinical skills needed by the patient. This information is used to perform a search on the directory to find a service local to the patient, which has all the clinical skills required.

3.5 Brent Urgent Care Services

In addition to the two year pilot, Brent CCG have been progressing with numerous additional service elements underpinning Integrated Urgent Care.

Northwick Park Hospital Urgent Treatment Centre

The Northwick Park Hospital Urgent Care Centre is co-located with the Northwick Park Hospital Accident and Emergency Department. Although the service is commissioned by NHS Harrow CCG, NHS Brent CCG is an associate commissioner. There is an even split in demand with Brent and Harrow patients each constituting almost 50% of total activity.

The service is delivered by Greenbrook Health in partnership with London Northwest Healthcare NHS Trust. The service manages in excess of 250 attendances per day which is circa 50% of overall attendances to the urgent and emergency services on the site.

An important element of the service specification for the UCC is patient redirection. This is part of the developing approach seeking to ensure patients are able to access the service most appropriate for their particular needs at the time of presentation. Redirection entails, subject to patient choice, accessing a service more appropriate to the patient's clinical requirements. Examples of redirection include: dentist, GP Hub, own GP, pharmacy, sexual health, walk in centre, eye hospital, sent home with advice, and other speciality. In addition where patients are not registered with a GP, UCC staff facilitate registration.

Central Middlesex Hospital Urgent Treatment Centre

The Central Middlesex Hospital Urgent Care Centre has been a stand-alone unit since September 2014. The service has been the subject of a recent procurement resulting in a contract award to Greenbrook Healthcare with effect from April 2018.

In year 1 of the contract it is estimated that about 40,000 patients will attend the service. The contract is essentially a replica of that in operation at Northwick Park Hospital taking account of the fact that the service is not co-located with an accident and emergency service.

The contract is structured to ensure it has sufficient flexibility to be able to adapt to the requirements of the new national and London IUC service specifications.

Other Urgent Care Services

In addition to the Urgent Treatment Centres at Northwick Park and Central Middlesex Hospitals, Brent patients account for about 13%, of activity (approximately 8,000 attendances) at St. Mary's Hospital Urgent Treatment Centre services. In addition Brent patients account for almost 50% of activity in the Cricklewood Walk in Centre (approximately 10,000 attendances). There are other flows to services at St. Charles' Hospital and Edgware Community Hospital. These services will continue to be accessible to Brent patients.

GP Services

It has been agreed that GP extended access services will operate out of fewer but more consistent locations. There will be 5 locations, including Wembley Centre for Health & Care, Willesden Centre for Health & Care and Central Middlesex Hospital plus two further locations to be agreed, 1 in the north and 1 in the south. The GP Access Hubs would be joined up meaning that patients could access any of the hubs when appointments are available.

The Wembley GP Access Centre will convert to a GP Access Hub offering more pre-bookable appointments in both core and extended hours for the registered population in Brent and bookable through their own GP and by calling 111.

4.0 Financial Implications

- 4.1 Across North West London there is a very significant investment in unscheduled care services. Tied to this is a substantial level of activity which arises from the use of some services, and in particular, costly accident and emergency services, where suitable alternatives are underutilised. A case in point is the significant underutilisation of GP Extended Access Services with almost forty per cent of capacity unused

This is not a sustainable model and often delivers sub-optimal outcomes despite relatively high costs. It is envisaged that the proposed Consult and Complete' model, will facilitate both reduced costs and improved outcomes

5.0 Legal Implications

- 5.1 A number of key legal risks have been identified particularly in regard to the NHS 111 Direct Award. In order to mitigate against these legal risks and particularly the risk of potential challenge the Programme Board commissioned specialist procurement legal advice.
- 5.2 To mitigate this risk the IUC team continued to engage openly with the market and if no challenge was raised in 30 days then NWL would issue a contract to the incumbent providers. No challenge has been forthcoming and consequently a direct award has been made.

6.0 Equality Implications

- 6.1 An extensive Equality Impact Assessment has been undertaken across all North West London CCG (See Appendix 3). The EIA has been fully reviewed at individual CCG level to ensure full compliance with all local requirements as well as compliance with national requirements.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 There has and will continue to be extensive pan North West London and local consultation and engagement with Ward Members and Stakeholders in the context of delivering the requirements of the Integrated Urgent Care Service Specification. This consultation and engagement process is to help facilitate the implementation of an integrated urgent care system that recognises local requirements but maintains compliance with outcomes from the Keogh Review and in particular ensures that regardless of where a patient may access urgent care services; there will be a recognisable core common across all local health economies.

8.0 Human Resources/Property Implications (if appropriate)

- 8.1 There is a risk that in the absence of a North West London wide approach, the CCGs will not be in a position to aggregate and utilise all clinical workforce where capacity may exist (Extended hours and UCCs) losing the ability to access this labour in an IUC model and funding a provider (essentially

overpaying). There is also the aligned risk of the market all chasing additional GP resource and having price inflation. This is also a key factor in the development of a London-wide service specification (Appendix 2) by Healthy London Partnership seeking to ensure that the particular requirements and demands are dealt with across London as a whole.

Report sign off:

SHEIK AULADIN

Brent CCG Chief Operating Officer