Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Update of Review of Urgent Care Services

Governing Body meeting

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7 May 2015

Author(s)	Alastair Mew, Head of Commissioning (Urgent Care) Dr StJohn Livesey, Clinical Director for the Urgent Care Portfolio
Sponsor	Dr Zak McMurray, Medical Director

Is your report for Approval / Consideration / Noting

The report provides an update of progress following the paper received in February and seeks approval for continuation.

Are there any Resource Implications (including Financial, Staffing etc)?

This review will form the core of the Urgent Care portfolio's workload.

The review will be a major call on the public and public engagement team. The capacity of the team will need to be reviewed to ensure that it can meet this and other demands on in in 2015/16.

Depending on discussions within the proposed governing body sub group additional funding may also be required to fund an 'external critical friend'.

Audit Requirement

CCG Objectives

This review and resulting recommendations will support all four of the CCG's core objectives.

Equality impact assessment

An Equality Impact Assessment will be undertaken as part of the review.

PPE Activity

A core element of the review will be to actively engage with patients, carers and the public with findings used to inform any future changes.

Recommendations
The Governing Body is asked to: • Comment on the review process to date, project structure, governance and timescales proposed. • Support the continuation of the review and receive an options paper for Sheffield's urgent care services at the Governing Body meeting in October.

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1. Background

In February 2015 the Governing Body received a paper proposing a review of urgent care services in the city. This was in the context of demand and pressure on urgent care services continuing to increase in Sheffield, in common with the national picture. It was acknowledged that local services are not uniform which can make it difficult for patients to navigate to the most appropriate place of care, first time and that there is some duplication in use of resources.

The paper also put forward the view that current estimates, based on local audits, for Sheffield suggest that around 11% of adults and 40% of children presenting to Urgent Care services could be effectively managed in general practice.

In order to address these issues Governing Body supported a proposal that a review of citywide urgent care services is undertaken via formal engagement with patients, public, clinicians and other key stakeholders including existing service providers.

Specifically, in February the Governing Body also supported the proposed scope of the review, a set of proposed underlying principles that underpin delivery of Urgent Care, a summary of the proposed approach and timescales and supporting governance structures.

This paper seeks to outline a summary of the work to date and approval to continue the work as per the timescales outlined and agreed in February and request that Governing Body receives a paper outlining a number of options and recommendations in October.

2. Scope of the Review and the Wider Context

In February the scope of the review was detailed and agreed. For clarity these are summarised again below and should be viewed in the context of the high level project plan in appendix A.

In order to address key issues surrounding the fragmentation of current urgent care services, ensure alignment with the Five Year Forward View and ensure long term sustainability and viability, all local urgent care services will be reviewed. This will be through detailed discussions with stakeholders and patients and an options appraisal developed.

At this point it is still considered that well developed and complementary primary care services are vital to ensuring the resilience and sustainability of urgent care services. The review will therefore continue to assess the potential impact on primary care and link into the current local work surrounding the Prime Minister's Challenge Fund (PMCF) which is looking to increase availability of primary care in evenings and weekends and also explore the potential for further developments. However, Governing Body is asked to note that

whilst the award of the PMCF is a fantastic opportunity for Sheffield to test new approaches to providing care the single year of funding will create significant challenges in terms of the time available to develop evidence to support future funding.

It is anticipated that the review will establish any benefits and or dis-benefits of increased integration and co-location of services and clinical professions (physical or virtual).

The review will also consider key linkages both in and out of hours. Efforts will be made to identify comprehensively all relevant elements, including pharmacy, ambulance services, Active Recovery and the Better Care Fund.

As part of this review, workforce will also be considered in terms of the supporting professions and how they can best be utilised across the local urgent care system.

For clarity, current services considered to be included within the scope of this review at this stage are adults and children's accident and emergency units, the Walk in Centre at Broad Lane, the GP Out of Hours Collaborative and the Minor Injuries Unit and Eye Casualty Unit at the Royal Hallamshire Hospital.

The CCG is party to the regional 111 contract with YAS. This cannot be included within the scope of the review but the review must consider how local services should appropriately interface with the 111 service.

At this stage no transportation services are part of the scope of the review, although regional work to look at the long term service model for ambulance services will be informed by it.

The review will be set in the context of consideration of the Five Year Forward View for Sheffield, which as agreed at the last Governing Body meeting will be a joint engagement exercise with providers and social care.

The review and engagement will seek to understand the outcomes required by local people when making use of urgent care services, test out a number of key principles (see appendix B) and will seek to assess options for improvement within existing resources.

It should be noted that this work will be supported by and interface with our proposals around Active Care and Recovery which is part of the shared Health and Care commissioning programme and as such these two service design models must be mutually supportive and consistent to patients and service providers. We will ensure in our programme structure that sensible interplay between the two programmes is factored into our planning.

The outcome of this work will be reported to the Governing Body during 2015/16 and will present a number of potential options for future urgent care in Sheffield with the aim of ensuring sustainable, outcome focused and best value local services, informed by appropriate public engagement and consultation.

Finally, it is worth recognising the potential for collaboration across other CCGs and communities even for our own local service changes. The national urgent care guidance which will be released during the Summer of 2015 may require greater sub-regional scaling of services and this will need to be reflected in the review and where necessary utilise "Working Together" commissioner and provider programmes to expedite this.

3. Proposed principles underpinning future services:

In February the Governing Body supported a number of proposed principles in order to ensure that future service developments and supporting clinical pathways are sustainable, deliver best value and the outcomes sought by local people (see Appendix B). It was noted that these local principles were consistent with those set out in the recent NHS England urgent and emergency care review.

The review has currently started to test the proposed principles in early discussions with key stakeholders and in wider conversations with other CCGs and external experts. It is proposed that a final set of principles will be agreed by the Governing Body sub-group supporting this work (chaired by the CCG Medical Director) and that these will underpin and inform the development of options to be evaluated.

4. Project Structure and Governance

As outlined in February a formal project management approach has been adopted in order to ensure that key timescales are met and provide assurance to Governing Body that a robust and comprehensive engagement and analysis has been undertaken.

In order to ensure that the three workstreams outlined in the high level project plan have sufficient support and scrutiny two working groups have been set up. The first having an operational focus supporting workstreams one and two and the second focusing on the third workstream communications, engagement and patient experience. Both groups have been formally constituted with terms of reference and membership clearly defined and documented. Formal notes and action points are taken at all meetings which are co-chaired by the Head of Commissioning (Urgent Care) and the Clinical Director for the Urgent Care Portfolio.

Considering the potential scale of the proposed changes, the likelihood of external scrutiny and the importance and high profile of local services the review is also being supported and scrutinized by a sub group of Governing Body. The group meets on a formal basis and is co- chaired by the CCG's Medical Director and a Governing Body lay member along with the CCG's Chief Nurse and Quality Lead ensuring that as the review and its recommendations develop that clinical quality and the patient voice are fully considered and that the review's risk log is regularly and formally scrutinised. The group is supported by the urgent care management and clinical leads with additional elements from the CCG in attendance as required (quality, contracting, finance etc.). Healthwatch have also been invited to attend this group in order to provide the patient voice and continue their highly valued role as 'critical friend'. (See Appendix C for a diagram illustrating the governance structure).

At this stage there is no requirement for external consultancy support. However, building on the learning from the successful recent MSK work support from an external critical friend was invaluable in providing the patient voice from an external and national perspective which complimented the support provided by Healthwatch and so seeking similar input is something that the sub group is still considering.

5. Understanding the Local Situation Within the National Context

5.1 Public Health Support and Initial Analysis

To date, there has been significant support provided by the public health team with key meetings attended in order to ensure a population health perspective. National data on the changing patterns of urgent care use over the last decade has been analysed and is currently being summarised in to an accessible format which will be used to support and provide context to on-going and future discussions with stakeholders, patients and members of the public.

Briefly summarised, the initial findings show that:

1. Demand has gone up dramatically across ALL aspects of urgent care (not just A&E, but also ambulance services / emergency calls / GP consultations).
2. This increase in demand far outstrips what we could put down as a result of an "aging population".
3. The majority of this increased utilisation of urgent care is for less severe presentations / minor illnesses.
4. There is a strong association between deprivation in an area and increased use of urgent care services.

The public health team is now analysing Sheffield specific data for similar trends to try and identify if Sheffield is in any way different from the national picture and this work is being complemented by benchmarking analysis provided by the CCGs Intelligence Unit.

It should be noted that it is harder to draw conclusions for this local data as it contains much more variation and is more subject to changes in the way that it has been collected. However, to date there are no specific areas where Sheffield should be considered significantly different from the national patterns (when we consider our population is slightly more deprived than the national average).

In terms of summarising the evidence and learning from existing literature a literature review has been produced detailing which interventions have been tried to reduce unscheduled attendance at emergency services. A further literature review is also being finalised examining the impacts of GP Walk-in Centres on urgent care use.

5.2 Placing Sheffield in the Regional and National Context

In order to understand the regional context and identify areas of best practice the project team has met with the urgent care leads of the South Yorkshire and Bassetlaw and Working Together area. Wider discussions with a number of CCGs have also taken place across the north of England.

5.3 Views of local patients and other key stakeholders:

The importance of gathering the views of patients, public, service providers and other key stakeholders cannot be underestimated (see Appendix D for a summary of the communications and engagement approach). Also, considering the level of public interest in urgent care services there is a need to ensure clear support from the public and clinicians for the proposals that will come from this review. In order to ensure that this review and resulting proposals are fully informed by local views current complaints and compliments data is being collected and analysed from the Sheffield Teaching Hospitals, Sheffield Children's Hospital, the Care Trust and patient opinion and this will be coupled

with a full engagement and communication plan has been. At this stage, it is expected that this will follow a similar model to the recent successful work undertaken in musculoskeletal services and link closely with the 'involve me' network. It is possible, depending on the proposals arising, that a further formal period of consultation will also be required.

The approach and activities planned by NHS Sheffield CCG to engage with the public around the Urgent Care Strategy Review builds on the engagement work carried out in 2014 to support the development of musculoskeletal services and the principles developed by the Patient Engagement and Experience Group, ensuring that the engagement plan adopts a robust, locally tried and tested approach.

Adhering to the tri-phased approach to engagement agreed by Governing Body, plans are being developed in a considered way allowing key identified datasets including an Equality Impact Assessment to be analysed to influence the focus and content, and allow effective targeting, of engagement activities.

The Experience Based Design and Co-design approaches will enable decisions to be made on a much richer quality of feedback from the public. These approaches will allow both emotional impact to be identified and a greater deal of reflection of plans and ideas to happen by both professionals and patients and the public.

The addition of plans to utilise patient to patient methods of engagement with the upskilling of patients to act as ambassadors for change is another bold approach that has been included within the engagement activities. This will allow us to multiply the reach of our messages and engagement whilst also providing extra credibility in the community.
Key members of the project team are to undertake bespoke media training to equip them with the skills to effectively engage with the media to ensure positive perceptions of messages and proposals.

In a break from the regular approach to developing a joint Communications and Engagement plan, distinct plans for both Communications and Engagement have been written to concentrate on their strengths as specialities. The two plans have now been brought together to coordinate activities.

6. Timescales and Next Steps

A high level project plan is outlined in Appendix A and it outlines the two key phases of work.

The first phase has now completed and has enabled sufficient time for horizon scanning of other health economies, analysis of current services, collection of current patient views and the development of a comprehensive communication and engagement plan.

It is now proposed that Governing Body supports the project moving to the second phase in order to ensure a sufficient length of time for a rigorous and comprehensive engagement to take place around the options and meets any external requirements should a further formal consultation be considered necessary. The timing of this second phase has also been cognizant of the general election and purdah requirements and is also planned to conclude in time to dovetail with the development of commissioning intentions for 2016/17 and the timetable for contract discussions.

7. Recommendations

The Governing Body is asked to:

- Note and agree the completion of first phase.
- Comment on and support the project structure, governance arrangements and timescales.
- Support the proposal to move to phase 2.
- Receive a paper outlining a number of options and recommendations in October.

Paper prepared by Alastair Mew, Head of Commissioning (Urgent Care), and Dr StJohn Livesey, Clinical Director for the Urgent Care Portfolio.

On Behalf of Dr Zak McMurray, Medical Director

April 2015

Appendix A High Level Project Plan and Timescales

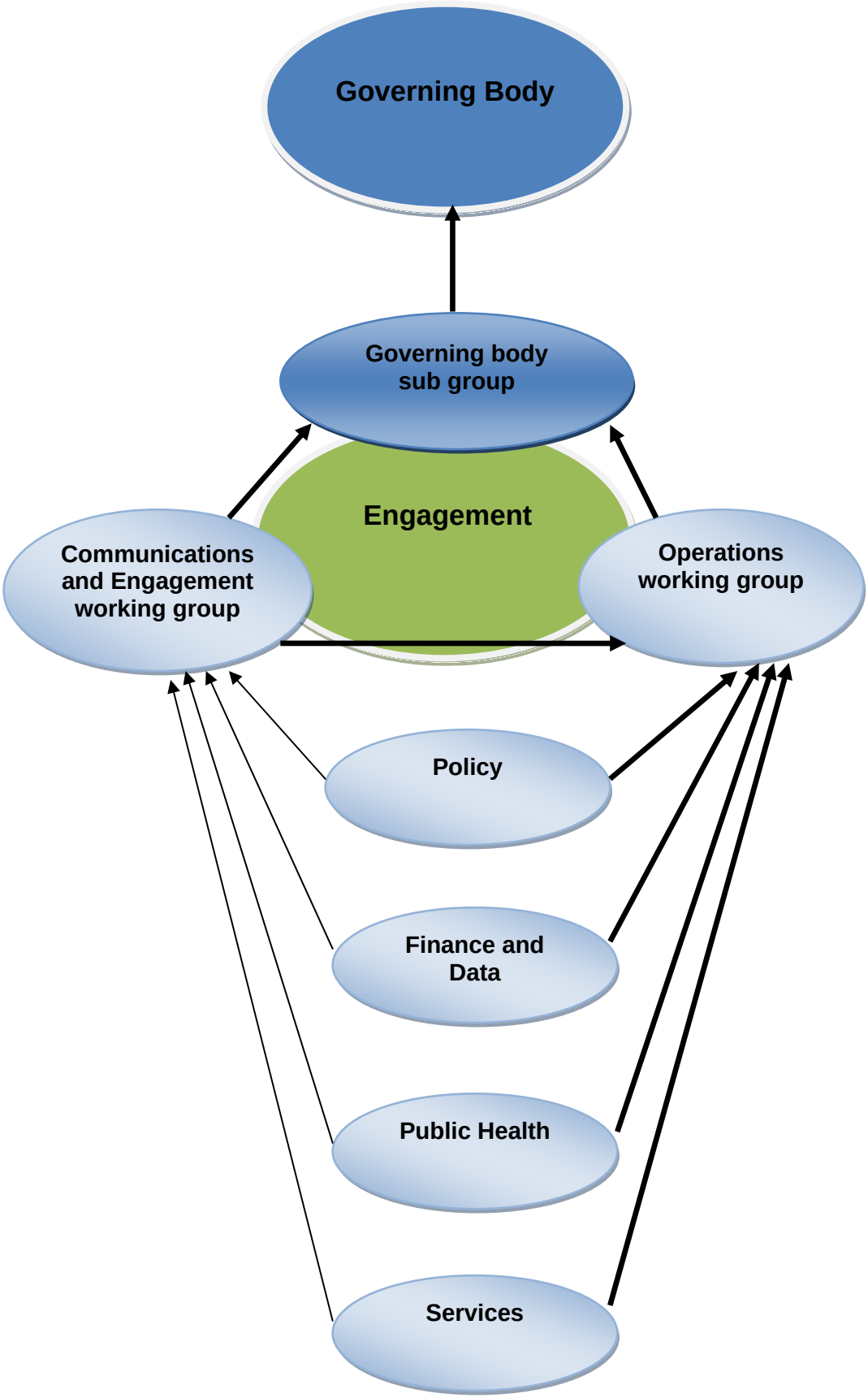
Key Task	Feb. 2015	Mar. 2015	Apr. 2015	May. 2015	Jun. 2015	Jul. 2015	Aug. 2015	Sept. 2015	Oct. 2015
Phase 1: Paper to GB for approval (public session)	☆								
Workstream 1: Undertake baseline analysis of local services (via data analysis and conversations with providers)	→	→	→						
Workstream 2: Undertake horizon scanning of urgent care services in other health economies	→	→	→						
Workstream 3: Stakeholder mapping and develop communications and engagement strategy/plan	→	→	→						
Sign off of communications and engagement strategy, revised principles and proposed options supported by the evidence for consultation by CCG Governing Body				☆					
Phase 2: Undertake formal communications and engagement with patients, public and key stakeholders including providers				→	→	→	→		
CCG GB sub group oversight meetings		☆	☆	☆	☆	☆	☆		
Final recommendations to CCG GB sub group								☆	
Options paper with recommendations to CCG GB									☆

Appendix B Principles:

Proposed Principles Supported by Governing Body in February:

General:	• Support the local delivery of the NHS Constitution • Reflect the outcomes needed by local people
Location:	• Accessible • Convenient • Close to or in the home
Pathways & Configuration:	• Well signposted & safe • Easy to navigate • Seamless integration & transportation between services & providers • Shared ownership primary/acute & health/social/voluntary
Contacting Services:	• Promotion of initial care in community • Single point of contact 24/7
Service Provision:	• Evidence based and safe • Rapid access to senior decision maker • Clear self-care information via number of modalities – web, phone etc. • Consistent citywide offer • Real time information available shared by all providers • Appropriate care provided by appropriate professional in appropriate location
Resilience & Continuity:	• Able to meet fluctuations in demand • Supports professional training and development
Financial:	• Cost effective and financially sustainable

Appendix C Governance Structure Supporting Urgent Care Review:



Appendix D Communications and Engagement Summary

1. Introduction

Demand and pressure on urgent care services continues to increase in Sheffield, in line with the national picture. Our urgent care system increasingly struggles to meet demand and deliver clinically effective and safe services, which provide the best patient experience.

i) With a backdrop of the national and local conversation about the Five Year Forward View, patients, carers and the public must form an integral role in the development of plans for Urgent Care if the future system is to be fit for purpose and utilised as clinicians and NHS managers hope. This document outlines the initial scope for conversations with local people, as well as the legal framework for which those conversations should happen. It also takes into account the pre-election period from 30th March – 7th May 2015.

2. Background

October 2014 saw NHS England publish the 'NHS Five Year Forward View' which sets out how the health service needs to change and adapt if it is to successfully meet and respond to the increasing demands and complexities placed upon it. The report promotes the need for an even closer relationship with patients, carers, and the public to achieve wellbeing and better prevention. The report goes on to state the need for better integration between A&E, GP out of hours, urgent care centres, NHS 111 and ambulance services.

NHS Sheffield CCG Governing Body have made the decision to formally undertake a city wide review of urgent care services in an attempt to better understand the outcomes required by local people who use such services. The review will seek to engage with patients, public, clinicians and other key stakeholders including existing service providers.

The current situation clearly shows that pressure and demand on the system is significant and continuing to rise. The aims of the review will highlight the significant pressure and demand points on local urgent care services and how they can be managed to deliver clinically effective and safe services in order to provide the best patient experiences.

3. Scope

i) Scope of the Urgent Care Review

The overall aim of this stage of the Urgent Care Review is the development of potential options for a future sustainable, outcomes-based, best value system that addresses the outcomes required by local people, tests out key principles and considers options for improvement within existing services. This is based within the context of Active Care and Recovery proposals and shared health and social care commissioning.

ii) Scope of this communications and engagement plan

This plan details the process we will follow for collecting data about patient experience on urgent care. It also gives details of engagement methodology and techniques for exploring overarching principals about the future of urgent care in Sheffield, with a view to developing more specific messages and options for formal consultation after October 2015.

4. Legal Framework

i) Gunning Principals

The four 'Gunning Principals'1 are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used. They are that we engage:

- When proposals are still at the formative stage
- Sufficient reasons for proposals to permit intelligent consideration
- Adequate time for consideration & response
- …must be conscientiously taken into account

ii) Transforming Participation

NHS England published 'Transforming Participation In Health and Care – The NHS Belongs To Us All'2 in September 2013 which states how the vision for patient and public participation, outlined in the NHS Constitution and Health and Social Care Act 2012, will become a reality. It states that there are six key requirements for NHS commissioners:

- Make arrangements for and promote individual participation in care and treatment through commissioning activity
- Listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management
- Engage with patients, carers and the public when redesigning or reconfiguring healthcare services, demonstrating how this has informed decisions
- Make arrangements for the public to be engaged in governance arrangements by ensuring that the CCG governing body includes at least two lay people
- Publish evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made
- CCGs will publish the feedback they receive from local Healthwatch about health and care services in their locality

[1] http://www.adminlaw.org.uk/docs/18%20January%202012%20Sheldon.pdf

[2] http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf

iii) Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution. Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

iv) The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations.

v) The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and in the decisions to be made affecting the operation of those services

5. Target audiences (not exhaustive)

i) Public

- The general public in the widest sense – all people in Sheffield and nearby surrounding areas
- Patients who use urgent care services
- Carers of patients

ii) Key Local Partners

- STH Board/Executive
- SCH Board/Executive
- SHSCT – including the Clover Group
- Sheffield City Council
- Healthwatch Sheffield
- GP Provider Board
- Sheffield Pharmacies
- YAS Board/Executive
- NHS 111
- Broad Lane

iii) External - Partner organisations and wider links

- Sheffield City Council Public Health, Community Wellbeing Team including Health Trainers
- Related projects
- Universities, Sheffield Hallam, Sheffield University, ScHARR
- Voluntary, Community and Faith (VCF) Sector
- Chamber of Commerce
- Sheffield International Venues
- MPs
- Local Medical Council (LMC)
- LDC
- LPC
- LOC
- Health and Wellbeing Board
- Patient Advice and Liaison service (PALs)/ Patient Public Involvement (PPI)
- Community and social groups
- Current service providers
- Caldicott Guardians

iv) External – Organisations

- NHS Rotherham CCG
- NHS Doncaster CCG

- NHS Barnsley CCG
- Monitor
- NHS England
- South Yorkshire Operational Development Network - Urgent Care
- Yorkshire and Humber Trauma Network / Group
- Regional Critical Care Development Network / Group
- Urgent Health UK
- Care UK
- Patient UK
- Sight Support Sheffield
- Age UK Sheffield
- Disability Sheffield

v) External – Hard to reach groups and communities

These groups would come under the 'general public' heading, but are unlikely to access the information about the review but should be aware and given the opportunity to input in to the engagement activity. These include:

- People of specific age groups – need to understand which age groups use urgent care services the most
- Black, Asian and Minority Ethnic (BAME) groups
- Young families and new parents
- Public in the areas of the city with highest levels of deprivation/ poorest health
- Those with no fixed abode
- Gypsy and traveller communities
- People with sensory impairment
- People with physical, learning and cognitive impairment
- Communities new to the city and those where English is not the first language (these will be a key group as these groups may be regularly presenting in Urgent Care settings when their clinical need may be best cared for elsewhere in the system).