

NHS HEREFORDSHIRE CLINICAL COMMISSIONING GROUP

Briefing for Herefordshire Health and Wellbeing Board

17 June 2015

Integrated Urgent Care Pathway Project

Subject:	Integrated Urgent Care Pathway Project
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PURPOSE OF THE REPORT

To note the progress of NHS Herefordshire Clinical Commissioning Group plans to commission an integrated urgent care pathway.

RECOMMENDATION TO THE BOARD

The Board is asked to receive the report for information.

Update Briefing for Herefordshire HWBB

Integrated Urgent Care Pathway Project

NHS Herefordshire CCG

Herefordshire CCG (HCCG) presented a briefing report to this Committee on 25th March 2015 outlining the work undertaken to develop and deliver a local integrated urgent health care pathway.

1. The Case for Change

Herefordshire CCG (HCCG) began work on a review of urgent care services in summer 2013 due to recognition of a number of challenges within the current urgent care system. There are summarised below:

- The current urgent care system is inefficient and confusing for local people
- The current system is failing to meet performance targets
- Inequalities in access and outcomes are not being effectively addressed
- The current urgent care pathway is fragmented and is a barrier to demand control and establishing effective alternatives to A&E attendance.
- The development of an integrated urgent care pathway is a significant part of the solution to the challenges faced by WVT
- Existing contracts for elements of the service will expire in 2016/17

The pressures on the system, and operational challenges experienced by Wye Valley NHS Trust (WVT), particularly coinciding with the CQC inspection provided further evidence of the need for change.

HCCG undertook an extensive engagement process from September 2013 to June 2014 to find out the views of local people, clinicians and other stakeholders about the changes that are needed in local urgent care services and what people want to see these services delivering to meet local needs. In total more than 540 patient experiences were captured that involved 372.5 hours of co-design work with the local community. There was a clear mandate for change.

As a result of the engagement programme the following patient experience outcomes were agreed and transformation of the urgent care system must deliver these outcomes for patients:

- I feel informed and clear about available and appropriate Urgent Care Services;
- I feel confident and knowledgeable about managing my condition and prepared to deal with and anticipate future urgent care issues;
- I feel reassured and happy as a result of my urgent care experience and 'known' and treated like a person by Urgent Care Services;
- I want to be helped, and when I am in need of care it is safe, effective and efficient;
- I want to live for as long as possible independently and in my home with the best quality of life wherever possible.

2. Moving to an outcomes based approach

Following the review and the feedback from local people, HCCG decided to change how it commissions urgent care services by introducing an outcomes approach to commissioning and contracting. Outcomes Based Commissioning (OBC) aims to shift the emphasis from the services provider offers, to the outcomes they achieve for patients. Ensuring incentives to deliver the outcomes are incorporated and aligned across contracts. This moves the focus from activities to results, and from how a service operates, to the benefits a service realises for patients. By using this approach important factors such as patient experience and the quality and safety of services will be built into future contracts.

Delivery of this programme supports achievement of Herefordshire Health and Wellbeing Strategy. HCCGs ambitions are that through this change programme we can:

- Reduce inconsistencies in the outcomes that patients receive
- Encourage investment in preventive care, to reduce unnecessary and inefficient use of treatment services
- Change the way that patients currently access the urgent care system
- Provide a service that is designed so that patients receive the care that is right for them, at the right place and at the right time
- Encourage behavioural change in provision by aligning incentives and outcomes so patients get the right treatment in the right place
- Encourage behavioural change in patients by ensuring they know how to self- care, access urgent care in the right place (e.g. pharmacy vs A/E) and navigate the system
- Reduce overall system costs and encourage service integration
- Deliver the national vision for urgent care in Herefordshire

The current CCG commissioned functions within scope as part of this new approach are as follows:

- Accident and Emergency and Clinical Assessment Unit services, up to the point of hospital admission
- Primary care out of hours services
- Minor injury functions
- The Walk-in Centre functions
- Mental health activities supporting individual crises and Rapid Assessment, the Accident and Emergency Interface and Discharge service (psychiatric liaison).
- Minor ailments scheme
- NHS 111

HCCG believes that an integrated solution to the provision of urgent care services is the best way to improve the quality and efficiency of these services and address the fragmentation of the urgent care pathway.

HCCG identified Wye Valley NHS Trust (WVT) as being best placed to both develop a potential solution and to take forward the role as potential Accountable Lead Provider. Wye Valley NHS Trust was offered and accepted the opportunity to develop a proposal in November 2014. HCCG issued to WVT a set of documentation describing HCCG's requirements against which WVT must shape the proposals.

3. Current Position

Wye Valley NHS Trust developed proposals in discussion with a range of local service providers between November 2014 and March 2015.

WVT submitted proposals to HCCG at the end of March 2015 for formal evaluation. This was undertaken by a panel of senior executives from HCCG, an Adult Health and Wellbeing nominee and a retired Herefordshire GP. External expertise and scrutiny was provided by 2 GPs from other areas, and a Secondary Care Consultant/Clinical Senate member from another area.

The evaluation panel reviewed the full submission and were impressed by the level of clinical engagement and partnership working evident within the proposal. They were confident the proposed model included elements that would deliver improved urgent care service for Herefordshire residents. Due to the pressures currently being experienced within WVT, the CCG have agreed to take the lead role in refining and delivering the model to deliver the outcomes identified as important by patients and the public.

4. Next Steps

HCCG have agreed to continue the process started by WVT by further developing and refining the model to achieve the outcomes identified by patients and the public. This will involve ongoing clinical and front line staff engagement across all providers.

HCCG will do this by establishing an urgent care network. This will involve formal partnerships between providers, with incentives aligned across providers to ensure optimal partnership working and achievement of the outcomes. We are also linking into the national work being undertaken on urgent care networks by NHS England, to ensure synergy with the national policy direction.

Alongside establishing a formal urgent care network HCCG will be assembling evidence and the business case to support the NHS England service change assurance process. This includes for example undertaking an integrated impact assessment to identify any positive or negative impacts on health outcomes or equalities for the local population. During this period there will be continuation of the communication and engagement process, and, if appropriate, a formal consultation process will be planned.

HCCG will also be seeking external assurance from clinical experts and NHS England that the proposals are in line with best clinical practice and evidence nationally.