



Sandwell and
West Birmingham
Clinical Commissioning Group

Future Commissioning of Urgent Treatment Centres in Sandwell and West Birmingham



Future Commissioning of UTCs in Sandwell and West Birmingham CCG

Focus on:

- Previous engagement work
- Moving Forward
- Preferred Options for Sandwell and West Birmingham
- Consultation Approach
- Next Steps

National Context:

- NHS Long Term Plan Requirements for Urgent Care
 - The national vision for the future of Urgent and Emergency Care services is, for those people with urgent but non-life threatening needs to receive responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to peoples' homes as possible, minimising disruption and inconvenience for patients and their families.
 - With regards to pre-hospital urgent care the NHS Plan states that:
 - the Urgent Treatment Centre model will be embedded 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
 - patients will be supported to navigate the optimal service 'channel', there is an ambition to embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20.
- GP Forward View Ambitions include:
 - Workforce: increasing GP numbers, introducing new roles, portfolio careers, measures to reduce GP burnout
 - Workload: including workflow optimisation, introducing new ways of working, new consultation types, at scale working to create efficiency
 - Care Redesign: Pathway redesign in place, development of PCNs,
 - Infrastructure: Estates refresh, new digital and technologies to manage workload and efficiency in general practice
 - Investment: Increased investment year on year

Local Context:

- The demand for walk in centres has increased significantly alongside increased demand across the whole of the urgent care system. This has occurred despite a deliberate increase in general practice access.
- Patients want ease of access that suits their personal circumstances
- There is waste in the system, duplication of access
- There is a cohort of patients attending walk in centres/primary care/ A&E that could either self-care or be seen by another primary care professional
- The principles of a placed based integrated model is right for the future model of care
- The offer needs to
 - Maintain patient choice
 - Continue to promote personalisation, self-care and patient activation.
 - Meet the national requirements for urgent treatment centres
 - Provide opportunities for future integration of services
 - Deliver the ability to 'walk in' as patients have told us they value this.

Patient Voice

- Pre Consultation Engagement
 - In 2018 the CCG held a sequence of conversations with our patients (including groups identified as high volume users of walk in services e.g. parents of children under 5s, students) and local partners.
- The aims were to:
 - Gain views on existing services – what works well and what doesn't work so well
 - Gather information on how they would like service to be delivered in future to make their experience of accessing urgent care services better.
- Engagement undertaken by 2 independent consultation partners
- The engagement activities were informed by the Equality Impact Assessment (EQIA)
- The report from the listening exercise engagement has been made available and key messages are summarised on the following slides.

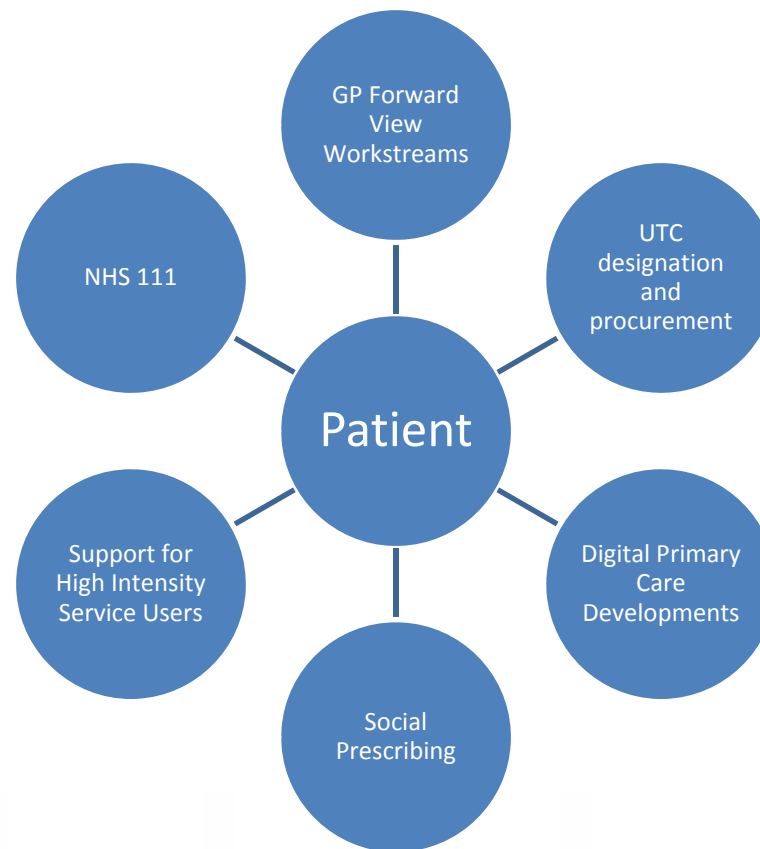
Patient/ Public Perspective

- Real or perceived inability to book a same day or a timely routine appointment with their General Practice (GP)
- Frustration with GP booking processes
- They liked the simplicity of a walk in service in terms of just turning up as and when they needed to in the knowledge they would be seen
- Unaware of the extended service offer available in GP
- Majority of patients would be happy to attend an appointment at either their own GP or an alternative GP led service nearby.
- NHS 111 service was useful and had directed some people to the walk in service
- For unregistered patients this is their route (other than A & E) to care

Clinical/ General Practice Perspective

- Primary care networks are not yet fully matured.
- New provider partnerships are emerging
- This is an opportunity to implement change in the system
- Important to ensure continuity of care through sharing patient records
- Recognition that patients want different types of access including some walk in capability
- There is a need to provide an offer for unregistered patients and encourage them to register
- GP workforce challenges, needs greater skill mix for the future
- There was an appetite to design and deliver a new model
- The full potential of NHS 111 has not yet been fully realised and it could be a more integrated part of the system

Addressing the challenges and supporting patients to get to the right service first time



Moving Forward

- Digital Primary Care

- The NHS Long Term Plan commits that every patient will have the right to be offered digital-first primary care by 2023/24.
 - The new five-year framework for GP contract reform describes the areas in which we expect early progress to be made in general practice including:
 - By April 2020 all patients should have online access to their full record
 - By April 2021 all patients should have the right to online and video consultations.
- Following a procurement exercise 10 practices within SWB CCG are undertaking a proof of concept of Substrakt Health's PatientPak platform which provides a local online care navigation system including video consultation capability.
- Discussions are currently ongoing to assess how the system could benefit work around social prescribing and the prevention strategy moving forward.
- Implementation is underway with a full evaluation of findings expected to be available in May 2020

Moving Forward

- GP Forward View

- As a CCG we are actively working to implement the GP Forward view by focusing efforts on achieving the 10 High Impact Actions:

1. Active signposting: Provides patients with a first point of contact which directs them to the most appropriate source of help and includes web and app-based portals.
2. New consultation types: Introduce new communication methods for some consultations, such as phone and email, improving continuity and convenience for the patient, and reducing clinical contact time
3. Reduce Did Not Attend (DNAs):
4. Develop the team: Broaden the workforce in order to reduce demand for GP time and connect the patient directly with the most appropriate professional.
5. Productive work flows: Introduce new ways of working which enable staff to work smarter, not harder.
6. Personal productivity: Support staff to develop their personal resilience and learn specific skills that enable them to work in the most efficient way possible.
7. Partnership working: Create partnerships and collaborations with other practices and providers in the local health and social care system.
8. Social prescribing: Use referral and signposting to non-medical services in the community that increase wellbeing and independence.
9. Support self care: Take every opportunity to support people to play a greater role in their own health and care with methods of signposting patients to sources of information, advice and support in the community.
10. Develop QI expertise: Develop a specialist team of facilitators to support service redesign and continuous quality improvement.

Moving Forward

- Urgent Treatment Centres
 - Existing services at Parsonage Street and Summerfield to be designated as Urgent Treatment Centres by end December 2019
 - Current contracts for both services will end on 31 March 2021
 - CCG considering options for service provision from 1 April 2021 taking into account the following:
 - Delivery of a place based solution in line with CCGs in Black Country and West Birmingham STP
 - Sandwell Urgent Treatment Centre will be mobilised in Spring 2022 alongside the opening of the Midland Metropolitan Hospital and will also meet the UTC standards published by NHS England in June 2017. This will be a fixed point in the system.
 - Maintenance of some system stability in light of service reconfiguration taking place within Sandwell and West Birmingham Hospitals Trust and the service review being undertaken in relation to the Birmingham NHS Walk in Centre (Boots)
 - Digital offer being rolled out across the CCG
 - Potential to integrate services e.g. Out of Hours in the future.

Moving Forward

- Supporting High Intensity Users
 - Newly commissioned service provided by British Red Cross to support individuals who frequently call 999, attend A+E or both
 - Service based on the following key principles:
 - Person Centred Approach
 - De-medicalised model
 - Practical and emotional support
 - Multi-disciplinary working
 - Resilience not reliance

Moving Forward

- Social Prescribing



Moving Forward

- Place Based Proposal (Preferred Option) - Sandwell
 - Current contract with Malling Health will end on 31 March 2021.
 - Lease on Parsonage St building also ends on 31 March 2021 and will not be renewed.
 - As part of the Midland Metropolitan Hospital business case the Sandwell Urgent Treatment Centre will open in the Sandwell A+E site in Spring 2022.
 - Commissioners plan to work collaboratively with system partners to find a suitable and pragmatic route from our current system configuration to the proposed future state, pending the outcome of the consultation. This would be undertaken in a staged approach with timescales aligned to the business case and revised schedule for Midland Metropolitan Hospital

Moving Forward

- Place Based Proposal (Preferred Option) - West Birmingham
 - Current contract with Virgin Care expires on 31 March 2021
 - New UTC service would need to be procured
 - Proposal for 5 year contract with 5 year option to extend
 - A full procurement process would therefore be undertaken and market engagement would be part of this to encourage the provider market to respond.
 - Summerfield is a secure tenure until around 2030 therefore the location would remain the same.
 - We are aware of the need to ensure a joined up approach across Birmingham and therefore meet regularly with BSol colleagues to discuss developments.
 - We are actively engaged in the BSol led service review group focused on Birmingham WIC (Boots)

Benefits

- Benefits of proposed options
 - Provides like for like service
 - In line with patient insight this option is likely to be favoured by patients
 - Opportunity to test the market
 - Provides additional capacity and support in the future urgent care system
 - Supports place based approach which is consistent with the Black Country and West Birmingham STP model (I.e. each place has an UTC)
 - Will be in line with NHS guidance on UTCs.
 - Provides an opportunity to explore further simplification of the urgent care system in future
 - CCG have an opportunity to influence the service and workforce model for Sandwell UTC if we engage with the provider at an early stage
 - Offers stability within an already pressured urgent care system whilst other service reconfigurations and reviews take place

Consultation/ Engagement Approach

- In line with the 'The Gunning Principles', using the insight from the pre consultation engagement to develop our consultation and engagement plans. These will be:
 - Informed by EQIA, previous engagement work, Walk-in Centre data and stakeholder analysis
 - Delivered by an independent consultation partner recruited as per pre-consultation engagement phase
 - Place based
 - Sandwell – formal consultation as will involve a change in location due to land at Parsonage St no longer being available
 - West Birmingham – engagement as no significant change to the service

Next Steps

- SWB CCG intends to commence the next phase of engagement and consultation in early November 2019
- SWB CCG therefore requests that members of the Joint Health Overview and Scrutiny Committee endorse the place-based approach to enable this next phase of work to take place.

Questions?