

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

**28 AUGUST 2014
CHIEF OFFICER NHS HARTLEPOOL AND STOCKTON-ON-TEES CLINICAL COMMISSIONING GROUP**

URGENT CARE STRATEGY

SUMMARY

The Urgent Care Strategy has been developed to underpin the 5-year Strategic and 2-Year Operational Plans for NHS Hartlepool and Stockton-on-Tees CCG.

The strategy details the urgent care vision, aims and objectives and sets out a phased approach for the implementation of the proposed future model. Our intention is that over the lifetime of this strategy during 2013 to 2018 we continue to develop services guided by national guidance and best practice that respond to people's urgent medical needs.

The strategy has been developed collectively with service providers and other stakeholders and uses the information gathered from the public during recent public engagement events including the 'Call to Action' work we undertook earlier in the year.

Describing the strategic goals we have for the future, the paper outlines our plans for the future provision for urgent care. This will include, amongst other things:

- Increased capacity in primary care, in and out of hours;
- Centralisation of urgent care services where this provides better quality and safety;
- Increase in pharmacy utilisation;
- Provision of community based urgent care centres; and
- The promotion of '111' as an access point for urgent primary care, this will also include the 'Talk before you walk' campaign.

RECOMMENDATIONS

The Health and Wellbeing Board are requested to receive and comment on the strategy considering how partners wish to engage with and receive feedback on progress with implementation in due course.

DETAIL

1. The overall vision is:

"To commission and develop a simple, accessible, high quality service managing patients at the point they present in a sensitive and person-centred approach, yet a robust and resilient way; reducing the need for urgent care, with better management of long term conditions with primary and secondary prevention".

2. The aim is that within 5 years the CCG will have commissioned fully integrated, 24/7, seamless urgent care provision across Hartlepool and Stockton-on-Tees.

3. Our vision is simple, for those people with urgent but non-life threatening needs, we must provide highly responsive, effective and personalised services, outside of a hospital environment when clinically appropriate.
4. These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.
5. The urgent care model must provide the highest standard and quality of care based on nationally and locally agreed outcomes. The urgent care model has primary care at the heart of the service; GP's must have ownership, accountability and lead the urgent care agenda.
6. The strategy sets out the current national and local context and the intended new 'integrated' model of urgent care. This model strengthens locally based community services whilst ensuring seamless transition through the different levels of care to provide timely high quality and safe care across all elements of the pathway.
7. A phased implementation plan is detailed in Section 8 of the document.

FINANCIAL IMPLICATIONS

8. One of the key areas of the service will be to reduce demand for expensive hospital based care. There is limited evidence, however, that providing services in the community delivers greater efficiencies in the long term. The business case will though need to demonstrate value for money, quality and safety, as well as improvements in patient experience; and the agreed solutions will be affordable within expected system resources.

LEGAL IMPLICATIONS

9. Patient and Public engagement will continue throughout future stages of implementation and public consultation will be undertaken where appropriate in accordance with legal responsibilities as detailed in Section 14Z2 of the Health and Social Care Act 2012 and Sections 242 and 244 of the NHS Act 2006
10. Any procurement process will comply with the Public Contracts Regulations 2006 and EU Directives relating to EU Procurement Law.

RISK ASSESSMENT

11. Urgent care provision must be aligned to changes within primary care, taking into account changes in the GP contract as well as the emerging changes that will be informed by national and local pilots for extending access. The implementation of the Better Care Fund and System Resilience initiatives and schemes driven by the Clinical Commissioning Groups Workstreams will also contribute to improving urgent care services. The strategy and future model of care cannot be delivered in isolation.
12. The proposals represent a significant challenge in relation to workforce/management capacity to deliver the required changes.
13. Whilst the strategy aims to streamline the services there may be a requirement for additional workforce and /or changes to the current clinical skill set.

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