

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 7 th May 2019		Agenda item: 32/19	
Report title:		Urgent and Emergency Care (UEC) Programme update	
Joint Committee sponsor:		Carol McKenna, Chief Officer, Greater Huddersfield CCG	
Clinical Lead:		Dr Adam Sheppard, Chair WY&H UEC Programme Board	
Author:		Keith Wilson, Programme Director UEC WY&H Health and Care Partnership Martin Pursey, Head of Contracting & Procurement, Greater Huddersfield CCG on behalf of Yorkshire and Humber Integrated Urgent Care Procurement Steering Group	
Presenter:		Dr Adam Sheppard, Chair WY&H UEC Programme Board	
Purpose of report: (why is this being brought to the Committee?)			
Decision		Comment	
Assurance	✓		
Executive summary			
<p>On 4th December at a Special meeting, the Joint Committee:</p> <ul style="list-style-type: none"> • Received and noted the Integrated Urgent Care procurement and evaluation process summary and detailed reports. • Approved the Procurement Steering Group's recommendation to appoint Yorkshire Ambulance Service as the preferred bidder for contract award. <p>This paper provides an update on the service which went live on 1st April 2019 and a brief update on the UEC programme deliverables in relation to Integrated Urgent Care.</p>			
Recommendations and next steps			
The Joint Committee is asked to receive and note the update.			
Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)			
The provision of an IUC service for the Yorkshire & Humber region is in line with national requirements and Integrated Care System (ICS) and Sustainability Transformation Partnership (STP) plans.			

Impact assessment (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	New Key Performance Indicators (KPIs) which are included within the IUC contract are to ensure clinical integration and make services safer and more responsive to service user needs.
Public involvement:	Assurance around patient and public involvement was referred to in the main body of the report received by Joint Committee on 8 th December 2018.
Finance:	Assurance around finance was referred to in the main body of the report received by Joint Committee on 8 th December 2018.
Risk:	Risks were referred to in the main body of the report received by Joint Committee on 8 th December 2018.
Conflicts of interest:	None

Report to West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

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Agenda No:	32/19
FOR:	COMMENT
Report Title:	Urgent and Emergency Care Programme update
Presented by:	Dr Adam Sheppard, Chair WY&H UEC Programme Board

1. Summary

This paper provides the Joint Committee with a summary of the 3 key deliverables which are led by the WY&H UEC Programme Board, including the Go live of Integrated Urgent Care (IUC) Services for Yorkshire and Humber.

2. Urgent and Emergency Care Programme

The UEC Programme is run through a network of commissioners and providers of urgent and emergency care services across West Yorkshire and Harrogate (the UEC Programme Board). This also includes the Ambulance Trust (for NHS 111 and 999); GP Out of Hours service, all five A&E Delivery Boards and NHS England/NHS Improvement. A small team is based within the WY&H Partnership to facilitate delivery. The Programme Board, through member organisations, provides support to A&E Delivery Boards where they identify requirements beyond the local footprint; and where there is advantage in delivering uniformity in the provision of a standard of care across all our places.

The programme currently leads on 3 key deliverables in relation to Integrated Urgent Care:

- 100% of the population to have access to an Integrated Urgent Care Clinical Assessment Service (by March 2019)
- Working with CCGs, the GP Out of Hours Service and NHS 111 to increase the number of patients receiving clinical assessment/advice (50%+ by March 2019)
- Bookable face to face appointments in Primary Care services through NHS 111 where needed (30% by March 2019).

3. Access to an Integrated Urgent Care Clinical Assessment Service

On 4th December at a Special meeting, the Joint Committee:

- Received and noted the IUC procurement and evaluation process summary and detailed reports.
- Approved the Procurement Steering Group's recommendation to appoint YAS as the preferred bidder for contract award.

Mobilisation of the contract took place between December 2018-March 2019 and the service went live on 1st April 2019 for an initial five-year term. The Y&H IUC Mobilisation Steering Group established on behalf of our 21 Clinical Commissioning Groups (CCGs) and NHS England North Region has overseen preparations, with the WY&H UEC Programme commissioners representing the needs for our footprint.

Work-streams covering all aspects of mobilising the contract were set up to provide the required specialist input and oversight. Commissioners have worked in partnership with YAS's senior team to ensure the new service will meet current and developmental requirements.

The new IUC service will replace the old NHS 111 service. The main changes from 1st April are:

- Increase in clinical advice and direct booking
- Clinical validation for emergency department referrals
- Managing dental calls for children under five only and working with the new dental clinical assessment and booking service (CABS) provider who will manage callers aged five and over
- Additional patient pathways utilising local clinical advice services
- Greater collaboration and integration with locally commissioned services.

Other elements of contract delivery will be developed and implemented over the life of the contract within the co-created Service Development and Improvement Plan (SDIP) reflecting and supporting Commissioners' local STP/ICS priorities.

4. Increasing the number of patients receiving clinical assessment/advice

When a person phones NHS111 and it is identified by the call handler that they would benefit from speaking to a clinician on the phone, there is a requirement from NHS England that by March 2019 50%+ of calls receive clinical assessment (either from the 111 service itself or through locally commissioned services).

The programme has also used transformation monies from NHS England to fund a number of initiatives to improve the levels of clinical advice. This includes:

- Investment in our West Yorkshire GP Out of Hours Service to redesign patient flows and protocols. The West Yorkshire GP Out of Hours Service is run by Local Care Direct and is commissioned by Greater Huddersfield CCG on behalf of all the West Yorkshire CCGs. The management of this contract is out of scope of the Programme Board but commissioners from across all the CCGs are involved in on-going service developments. One example of the work is increasing the number of clinicians who triage patients waiting for home visits to reassess their appropriateness for a home visit or referral elsewhere within the Out of Hours service. This began as a pilot in December 2018.
- Investment within the NHS 111 service to increase the number of patients who initially are recommended to attend A&E and ensure a clinician has a direct conversation with the patient to assess if this is the right place for them to go. We invested with NHS 111 to see an extra 700+ patients a week clinically validated over the winter period.

By the end of March 2019, 46.7% of patients (Y&H) who could benefit from clinical advice received this, either through NHS 111 or other locally commissioned services (against a national target of 50%+). This target is to continue as part of the UEC asks within the NHS Long Term Plan and will continue to be one of our priority areas of work.

5. Bookable face to face appointments in Primary Care services through NHS 111

Two years ago, the West Yorkshire Urgent and Emergency Care Vanguard programme led on a pilot to implement direct booking in to primary care from NHS 111. The pilot has now evolved in to a WY&H project to enable all extended access hubs; out of hours services; urgent treatment centres and some GP practices and is now part of a national drive to increase the availability of direct booking into appointment slots. As from 1st April 2019 the availability of directly bookable slots within GP In Hours practices has become mandatory within the National GP contract and continues to be one of the asks within the NHS Long Term Plan.

The principle behind direct booking is that patients are directly booked in to appointments by call handlers at NHS 111, into the most appropriate service that the 'directory of services' returns, based on the patient's symptoms and where the directory of services prioritises that patient needs to 'speak to' or 'contact' primary care.

At the week commencing 15th April 2019 there were 67 live GP practices from a total of 233 that can currently be technically enabled taking direct bookings from NHS 111.

There have been some complex technical issues that have affected the enablement of extended access services and have also affected GP practices with branch sites.

By the end of March 2019, we achieved 46.1% in Y&H against a target of 30% of patients being able to be direct booked by NHS 111 (March 2020 target is 40%). The WY&H position for March 2019 is 51.4%.

6. Recommendation

The Joint Committee is asked to receive and note this update.