

## NHS DORSET CLINICAL COMMISSIONING GROUP

## GOVERNING BODY MEETING

## DEVELOPING A NETWORKED APPROACH TO URGENT AND EMERGENCY CARE

<b>Date of the meeting</b>	21/09/2016
<b>Author</b>	M Wood, Director of Service Delivery
<b>Sponsoring Clinician</b>	S Watkins – Clinical Chair, System Resilience Group, Urgent and Emergency Care Clinical Development Group
<b>Purpose of Report</b>	To seek approval from the Governing Body to change the contracting responsibilities for Minor Injury Units.
<b>Recommendation</b>	The Governing Body is asked to <b>approve</b> the transfer of MIU contracting responsibilities to the three Acute Trusts.
<b>Stakeholder Engagement</b>	System Resilience Group membership includes local acute providers, local authorities, ambulance service, GPs and locality chairs.

## Monitoring and Assurance Summary

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
		<b>Any action required?</b>	
	<b>Yes</b> [e.g. ✓]	<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: MW

## 1. Introduction

- 1.1 The purpose of this report is to provide a brief summary of the proposal by the System Resilience Group to develop a networked approach to Urgent and Emergency Care that helps deliver good clinical outcomes, improves system resilience and assists in achieving the Accident & Emergency four hour standard on a sustainable basis for Dorset patients.

## 2. Report

- 2.1 Within Dorset currently, there are eight community led Minor Injury Services in place, one newly commissioned Community Urgent Care Centre and one walk -in centre.
- 2.2 Following discussions with service providers and review of other models in the county it is apparent that there are real benefits to patients, staff and providers in managing the MIU/ urgent care centre and walk-in centre in a more networked manner.
- 2.3 Benefits that could be realised through a formally commissioned and contracted arrangement between Dorset Healthcare University Hospitals NHS Trust and the three Dorset Acute providers to a more networked approach include:
- Improve and enhance the quality of services delivered to patients within the local MIUs, Community Urgent Care Centre and Walk-in Centre by increasing the level of access to senior clinical input and advice available;
  - Improve staff training and rotation opportunities;
  - Improve staff recruitment and retention;
  - Increase the opportunities to encourage patients to utilise local community based services for urgent care needs;
  - Assist with the achievement of the four hour A&E target.
- 2.4 Two options that could be delivered in a 3-6 month period were considered:
- Option 1: Do nothing;
  - Option 2: Transfer of ownership of MIU services to Dorset acute providers with the requirement to sub-contract for this service with Dorset Healthcare Foundation NHS Trust making this cost neutral.
- 2.5 The System Resilience Group agreed on 10 August that there are some real benefits to be realised for improving patient care, staff support/training/recruitment/retention as well as improving performance against the 4 hour target if option 2 is adopted. It also allows for a greater understanding of how partnership working can deliver services more efficiently and effectively on a networked basis that will support the direction of travel as indicated in the work on the ICS model to date.
- 2.6 It was recognised that the transfer of the Weymouth Community Urgent Care Centre and the Boscombe and Springbourne walk-in centre will need some further work. These two sites transfers will be progressed separately and may not fit with the timescales for the other sites.

## Option Appraisal: Summary

	<b>Option1: Do nothing</b>	<b>Option 2: Transfer of ownership of MIU services to Dorset acute providers with the requirement to sub-contract the entirety of this service with Dorset Healthcare Foundation NHS Trust making this cost neutral.</b>
Description	<ul style="list-style-type: none"> <li>Governance &amp; commissioning arrangements to stay the same with reporting by each provider organisation;</li> <li>SITREP A&amp;E Type 1, 2 or 3 data reporting with each organisation submitting their own data.</li> </ul>	<ul style="list-style-type: none"> <li>To provide a networked emergency /urgent care approach so that MIU and Walk in Centre provision is the responsibility of a nominated acute trust(based on patient flows) through a sub-contracting arrangement;</li> <li>All SITREP A&amp;E Type 1, 2 and 3 activity is reported by an acute provider.</li> </ul>
Benefits	<ul style="list-style-type: none"> <li>No changes to commissioned services required during a period of consultation on wider service re-design(Clinical Service Review);</li> <li>No procurement issues to address.</li> </ul>	<ul style="list-style-type: none"> <li>A network solution could be implemented that supports the National direction of travel on networked solutions with active robust network governance arrangements;</li> <li>Relationships between Service providers of the Walk in centres and the acute providers would be enhanced;</li> <li>Improved patient care through Increased senior clinical input to support MIU/UCC/Walk-in including staff training;</li> <li>Improved recruitment and retention of staff;</li> <li>Increases incentive to re-direct patients to Walk in centres and MIUs as appropriate;</li> <li>Can be implemented fairly quickly and easily;</li> <li>Promotes partnership working;</li> <li>All providers have expressed support for this option;</li> <li>This approach has been tried and tested elsewhere in the country;</li> <li>Achievement of 4 Hour target improved but would remain challenging to deliver especially to the far east of the county (Appendix 1).</li> </ul>
Issues	<ul style="list-style-type: none"> <li>Fails to reflect the system approach to urgent and emergency care delivery across Dorset and respond to the Keogh challenge;</li> <li>Fails to provide incentives to re-direct patients to Walk in centres and MIU's;</li> <li>Fails to deliver improved levels of patient care;</li> <li>Does not address recruitment, retention and training issues;</li> <li>Achievement of 4 Hour target remains challenging across all acute Dorset.</li> </ul>	<ul style="list-style-type: none"> <li>The Weymouth Walk-in service has been subject to a re-procurement process. It is in early days of implementation;</li> <li>The Boscombe and Springbourne Walk in Centre service needs to be market tested during 2017/18;</li> <li>Changes to current service providers may be 'mis-interpreted';</li> <li>The work required to identify and specify services on a site specific basis will be time consuming and may not be in line with the ICS model being developed. Consultation on the Clinical Service review including Urgent and Emergency Care Models is will take place during 2015/16;</li> <li>All providers would have to agree sub contracts and new ways of working;</li> <li>Data collection systems would have to be reviewed and perhaps amended to allow activity to be assigned correctly.</li> </ul>

## **3. Conclusion**

- 3.1 Work has already commenced with providers to implement as soon as possible subject to formal approval by the NHS Dorset Clinical Commissioning Governing Board.

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Dorset-wide position with Network Approach effect if applied to 15-16 data</b>

## Dorset-wide position with Network Approach effect if applied to 15/16 data

Period	15/16 Year end position			
	PHFT 4 hours	RBH 4 Hours	DCH 4 hours	SYSTEM
Current reported Year end position 15/16	91.70%	93.40%	94.10%	93.00%
Dorset wide Approach with additional MIU/Walk In apportionment	93.10%	93.70%	97.60%	95.10%

## Suggested network arrangement

### *Poole Hospital Trust*

Service Provider	Activity 15/16	Type
PHFT	65,934	1
• Swanage	7,241	3
• Wimborne	6,072	3
	79,247	

### *Royal Bournemouth and Christchurch Hospital Trust*

Service Provider	Activity 15/16	Type
Bournemouth	71,353	1
	16,764	2
• *Boscombe and Springbourne Health Centre	4,500	WIC
	92,617	

### *Dorset County Hospital Trust*

Service Provider	Activity 15/16	Type
Dorchester	44,156	1
• Blandford	4,079	3
• Bridport	8,643	3
• Portland	2,703	3
• Shaftesbury	4,320	3
• Yeatman	3,543	3
Weymouth Community UCC	39,279	3
	106,723	