



**Clinical Senate
Yorkshire and the Humber**

“An independent source of strategic clinical advice for Yorkshire and the Humber”

Clinical Senate Review

for

NHS Scarborough and

Ryedale CCG

Provision of an Integrated

Urgent Care Service

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Version Control

Document Version	Date	Comments	Drafted by
0.1	22 May 2014	Draft based on submitted comments by Council lead and discussion at Senate Council 21 st May	J Poole
Final Version	July 2014	Final version following ratification at the Senate Council Meeting held on 15 th July	J Poole

1. Chair's Foreword

I am pleased to provide the Yorkshire and the Humber's Clinical Senate's report on the proposed model for the provision of an integrated Urgent Care service to be delivered to the populations of Scarborough and Ryedale.

The Senate has identified that the proposed service specification is of a good generic standard but lacks some detail. The Senate notes that emergency and urgent care are a vitally important part of the provision of healthcare.

The Senate has ensured that as part of our process all Conflicts of Interest have been identified.

C Welsh
Senate Chair

2. Summary Recommendations

- 2.1 The Senate panel advised that the service specification is of a good generic standard and assumed that much of the detail would be teased out with potential providers. The Senate felt, however, that the specification would benefit from an increase in the level of detail across a number of areas.
- 2.2 The Senate advised that the main gaps in service provision and opportunities not included in the proposed service provision are with regard to the lack of information on the patient pathways and how the proposed service model will link with other services provided. It was felt that there was a lack of clarity when taking a broader view of the patient pathway, where this model starts and ends, and the access to non-urgent primary care and the Emergency Departments. More specifically the Senate felt that there was a lack of information on the proposed services for mental health, falls and rehabilitation services. The specification also did not detail what the integrated assessment, diagnosis and treatment would involve and it was felt that it would benefit from greater clarity on the proposed workforce and their skill sets.
- 2.3 With regard to the areas of risk the Senate felt that the key area was a lack of detail on the pathways that would operate between the Urgent Care Centres and the Emergency Departments. The Senate also highlighted concerns with the timing of this tender. A wider piece of work is ongoing looking at the location of the Emergency Centres across the region and a tender now does not tie in with this wider timescale although the outcome of this work will impact upon the service model required. The Senate also felt that there was the potential for a significant increase in activity over the lifespan of the contract which needs to be factored into negotiations to ensure the ongoing delivery of Key Performance Indicators.

3. Background

3.1 Clinical Area

- 3.1.1 NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) have developed a proposed model for the provision of an integrated Urgent Care service to be delivered to the populations of Scarborough and Ryedale.
- 3.1.2 The proposal involves the reconfiguration of current services, General Practitioner (GP) Out of Hours, Minor injuries and Walk in services and the development of two urgent care centres that will incorporate all of the above services.

3.2 Current Position

- 3.2.1 The CCG are still consulting with both stakeholders and the public on the proposed service model. The CCG have developed this service model based on national and local evidence. The outcome of the consultation has been used to support the

development of a service specification. The specification has been based on the core national requirements with additional features, which are qualitative enhancements or local flexibilities to reflect the local context.

3.2.2. The CCG have requested the Clinical Senate to provide additional external clinical expertise and advice on the draft service specification. Specifically the request was to review the specification in the light of other services available in that area and advise of:

- Any gaps in service provision or opportunities not included
- An indication of the areas considered to be at risk for the CCG, the provider and the population.

3.3 Case for Change

3.3.1 The Senate did not receive a case for change document setting out the current service provision and outcomes, an analysis of the service needs and how this was not met within the current model. The case for change was not articulated in any detail with the documents supplied to the Senate and therefore the Senates comments are limited to the detail within the service specification and associated documents supplied (listed in appendix 4)

4. The Senate Recommendations

4.1 The Senate was asked to comment on the service specification in the light of other services available within that area, however we were not provided with any detail of other services available within primary care that this proposed service will link into. Information was provided on current contact activity but it would have been helpful to have information on other factors such as waiting times, satisfaction measures and qualitative feedback from patients on the current provision. It is difficult for the Senate to understand the rationale for the differing models proposed for the 2 sites without information on the patient flows and the outcomes of the current patient contacts. It is not clear from the service specification as to what services would potentially be lost and how the service would integrate with current services and care pathways. To function as an integrated service it will have interdependencies with other services and providers and need clear access links into these services. These relationships are not detailed within the specification.

4.2 The Senate identified a number of gaps in the service provision and opportunities to improve the service model that commissioners may wish to consider further:

- I. There is no detail on the proposed falls service, especially important in view of the ageing population demographic in Ryedale
- II. It is not clear what the arrangements are for access into mental health. The description of mental health services seems very generic with no mention of child and adolescent mental health or older people's mental health services and dementia care. The specification sets out plans for clinical staff to make an initial assessment of a patient's current state of mental health but it does seem that this

would be reliant on the mental health services currently available and it is difficult to see if this model would provide any enhancement in our of hours mental health care. The Senate felt that specification would benefit from further detail in this area.

- III. There is no mention of Allied Health Professions (AHP) services for rapid response or equipment services and links into rehabilitation services.
 - IV. There is also opportunity within this specification to look at agile working opportunities through the use of telecare and skype for example which currently are not included. It may be useful to include some of your expectations as to the direction of these innovative solutions.
 - V. There is little detail as to what the integrated assessment, diagnosis and treatment would involve. It is unclear if the Urgent Care Centres are to be manned by Advanced Nurse Practitioners (ANPs)/Emergency Nurse Practitioners (ENPs) or GPs. The specification makes reference to wanting to ensure a philosophy of primary care is delivered but work force issues can be a challenge if not specified particularly as this geography has had challenges in recruitment.
 - VI. The Senate felt that the specification would benefit from greater clarity on the out of hours cover for inpatient services.
 - VII. The specification could indicate how seamless transition from in-hours to out of hours care is developed and vice –versa, rather than each service operating in-silos.
 - VIII. The Senate would like to recommend innovation in terms of the development of an in-hours visiting service across the patch, in a pro-active fashion to contribute to admission's prevention agenda, enhancing quality of care and reducing pressures on in-hours General Practice.
- 4.3 The Senate was asked to consider the areas considered to be a potential risk and wish to highlight the following points to commissioners.
- I. The specification mentions that there will be a rapid transport of serious cases to the Emergency Department (ED) but no detail of the escalation processes. There is no mention of any possible disparity between a GP led unit in Scarborough and an AHP unit in Ryedale and no work up of the possible number of patient journeys. From a pre hospital perspective it is not clear if commissioners have factored in any additional patient movements between the urgent care centres and either ED or ward admission and there is no discussion around governance arrangements with regards to accepting patients from the 999 service or from 111. The Senate would have liked to have seen more detail of the pathways that would operate between the Urgent Care Centres and the Emergency Departments as this is key to the delivery of a safe and effective service.

- II. The Senate raised questions about the financial viability of a full Minor Injuries Unit (MIU) providing for such a small population of 30,000. The level of MIU activity for this population will not be significant during in hours and even less overnight but the Senate understands that the financial detail is not within our remit.
- III. Taking a broader view of the pathway it is unclear from the specification what the access is for non-urgent primary care. A wider piece of work is also ongoing looking at the location of the Emergency Centres across the region and a tender now does not tie in with this wider timescale yet the outcome of this will impact upon the service required.
- IV. 111 has fuelled demand nationally. The number of contacts may be based on existing activity but unless the Key Performance Indicators are defined it would be hard to predict if these would be deliverable within the financial envelope if contacts increase although we realise that this is more of an issue for potential providers. It was not clear whether a predictive toolkit has been used to factor in an increase in workload as the life of the contract is until 2020.
- V. The catchment geography will be changed under the new contract which led the Senate to raise questions on the impact of this service model on the neighbouring service in the Vale of York. The Senate questioned whether under the new contract the Vale of York patients will still be able to attend the Minor Injuries Unit at Ryedale Community Hospital and what is the planned arrangement for reconciling the activity.
- VI. Patients know what the Emergency Department has to offer and default to attending there when they are unsure of the other options available. Commissioners may have considered how to avoid that within this service model but this isn't clear from the specification.

5. Summary and Conclusions

- 5.1 The service specification is of a good generic standard where we assume that much of the detail will be teased out with potential providers. The Senate felt, however, that the specification would benefit from an increase in the level of detail particularly with regard to the patient pathways and their links with other services provided and advises that there are gaps on information for mental health, falls and rehabilitation services. The Senate advises that there is a lack of detail on the pathways that would operate between the Urgent Care Centres and the Emergency Departments. Concerns were also highlighted by the Senate with regard to the timing of this tender considering the wider regional work on the location of Major Emergency Centres.

APPENDICES

Appendix 1

LIST OF COUNCIL MEMBERS LEADING ON THIS REVIEW

Johnson de Souza

Cathy Wright

Andrew Phillips

Mark Millins

A full list of Council members can be found on our website: <http://yhsenate.wordpress.com>

Appendix 2

COUNCIL MEMBERS' DECLARATION OF INTERESTS

Name	Title	Organisation	Date of Declaration	Reason for Declaration	Date of Response	Proposed Way of Managing Conflict
Philip Garnett	GP & Clinical Chair	Scarborough & Ryedale CCG	15.4.14	Is the Clinical Chair of the SRCCG	16.4.14	Many thanks for your email dated 15 th April declaring a conflict of interest in relation to the work referred to us from Scarborough and Ryedale CCG for the development of their urgent care hubs. Your conflict arises because you are clinical chair of the CCG. To manage this conflict of interest we will need to ensure that you do not take part in any Council or sub group discussions as they relate to this matter.
Paul Twomey	Medical Director	NHS England North Yorkshire Area Team	15.4.14	The Scarborough & Ryedale is within the North Yorkshire's Area Team boundaries	16.4.14	Many thanks for your email dated 15 th April declaring a conflict of interest in relation to the work referred to us from Scarborough and Ryedale CCG for the development of their urgent care hubs. Your conflict arises because you are Medical Director of the Area Team responsible for assuring this work. To manage this conflict of interest we need to ensure that you do not take part in any Council or sub group discussions as they relate to this matter.
Johnson D'Souza	GP	South Elmsall Practice	16.4.14	Clinical Director responsibilities for an organisation, which has expressed an interest in tendering for this service	30.4.14	Thank you for declaring a conflict of interest in relation to the urgent care services review in Scarborough and Ryedale. You have informed the Senate that you are Clinical Director for an organisation which has expressed an interest in tendering, although you have had no input into this process. We have agreed to distinguish between an interest to tender and submitting a tender. If the latter you could not participate in the Senate discussions however as it is only an interest to tender we have agreed with the Chair that you can participate in this work on behalf of the Senate with your conflict of interest noted. You will take no further part in the tendering process within the Out of Hours Organisation in order to manage this potential conflict.
Andrew Phillips	Clinical Lead for Urgent Care,	Vale of York CCG	21.5.14	As a GP in the Vale of York provides out of hours duties to the current provider who may be planning to tender and may provide similar duties to the successful OOH provider in the future.	21.5.14	Discussed at the Council meeting. This was not considered to be a significant conflict of interest as the conflict is limited to your role as a GP. You have no pecuniary or non pecuniary connections with any of the potential providers above your professional duties. It was agreed that you can participate in this work on behalf of the Senate. Conflict of Interest statement signed.

Appendix 3

ADVICE REQUEST

Template to request advice from the Yorkshire and the Humber Clinical Senate

Name of the lead (sponsoring) body requesting advice: NHS Scarborough and Ryedale Clinical Commissioning Group

Type of organisation: Commissioning

Name of main contact: Karen Mazingham

Designation: Senior Deliver Manager

Email: Karen.mazingham@nhs.net

Tel: 07921384271

Date of request: 30 March 2014

Please note other organisations requesting this advice (if more than the lead body noted above):

N/A

Is the Senate being consulted for advice or as part of the formal assurance process?

Yes

Please state as clearly as possible what advice you are requesting from the Clinical Senate.

NHS Scarborough and Ryedale CCG have developed a proposed model (APPENDIX ONE) for the provision of an Integrated Urgent Care service to be delivered to the populations of Scarborough and Ryedale

The CCG are still consulting with both stakeholders and the public on the proposed service model. The outcome of this consultation will support the development of a service specification. The specification will be based upon the core national requirements with additional features, which are qualitative enhancements or local flexibilities to reflect the local context

The CCG are requesting the following advice from the clinical senate:

To review the detail of the draft service specification in the light of other services available in that area and advise of:

- Any gaps in service provision or any opportunities not included
- An indication of the areas considered to be of risk for the CCG, the provider and the population.

Please state your rationale for requesting the advice? (What is the issue, what is its scope, what will it address, how important is it, what is the breadth of interest in it?).

NHS Scarborough and Ryedale CCG have been consulting with stakeholders on a proposed integrated urgent care model. The proposal involves the reconfiguration of current services; GP Out of Hours, Minor injuries and Walk in services and the development of two urgent care centres that will incorporate all of the above service.

The CCG have developed this initial proposal based on national and local evidence. Local GP's and other stakeholders including current providers have also been consulted. The CCG would like the clinical senate to provide additional external clinical expertise and advice on the detail of the draft service specification.

Please see supporting information (APPENDIX ONE)

Further information can also be obtained by going onto the CCG's website - Right Care First Time - www.scarboroughryedaleccg.nhs.uk

What is the purpose of the advice? (How will the advice be used and by whom, how may it impact on individuals, NHS/other bodies etc.?).

The advice is requested as part of a formal assurance process. The information provided will be used by the CCG when finalising the service specification and tender documentation

Please provide a brief explanation of the current position in respect of this issue(s) (include background, key people already involved).

As above

When is the advice required by? Please note any critical dates.

The information is required by 16th May 2014. The draft service specification will be made available in the first week of May.

Has any advice already been given about this issue? If so please state the advice received, from whom, what happened as a consequence and why further advice is being sought?

No – the model has been developed taking into account local and national evidence and utilising the expertise of the lead clinicians in the CCG, the market (including current providers) and other stakeholders as part of a stakeholder engagement event

Is the issue on which you are seeking advice subject to any other advisory or scrutiny processes? If yes please outline what this involves and where this request for advice from the Clinical Senate fits into that process (state N/A if not applicable)

N/A

Please note any other information that you feel would be helpful to the Clinical Senate in considering this request.

Please see APPENDIX ONE

In addition further information can be found by visiting the following website; - Right Care First Time - www.scarboroughryedaleccg.nhs.uk

Please send the completed template to: joanne.poole1@nhs.net. For enquiries contact Joanne Poole, Yorkshire and the Humber Clinical Senate Manager at the above email or 01138253397 or 07900715369

V1.0 November 2013

Appendix 4

BACKGROUND INFORMATION

There follows a list of the documentations supplied to the Senate:

- Version 1 of the Urgent Care Services Specification
- Appendix one – the proposed integrated urgent care model
- Right Care First Time “Improving Urgent Care Services in Scarborough and Ryedale” on the website www.scarboroughryedaleccg.nhs.uk