

## North Kent CCGs Urgent Care Redesign Programme: Programme Brief July 2015

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### Background

The North Kent CCGs, Dartford, Gravesham and Swanley, Medway and Swale, established a Programme to review and redesign Urgent Care Services across the three CCG areas. All three of the North Kent CCGs prioritised integration and simplification of urgent and emergency care services within their five-year strategic commissioning plans

Nationally and locally, the current system for delivering urgent and emergency care is under pressure. Under the leadership of Sir Bruce Keogh, Medical Director of the NHS, a vision for change for urgent and emergency care was published in November 2013 with an update on this work in August 2014. The review describes the limitation of the current urgent and emergency care system and puts forward a case for change, the detail for which is still being produced.

At a high level the vision states:

1. For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in, or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.
2. For those people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities, in order to maximise their chances of survival and a good recovery.

In October 2014, Simon Stevens NHS England Chief Executive published his Five Year Forward View for the NHS. In relation to emergency services this states that across the NHS, urgent and emergency care services will be redesigned to improve integration between A&E departments, GP out-of-hours services, urgent care centres, NHS 111 services, and ambulance services.

### The Local Programme

The local programme has progressed well with good engagement at a local level through patient reference groups and clinical reference groups. These groups had worked with the CCGs to define the principles and core standards for the services.

The local urgent care services that are in scope of this programme for Medway and included in the procurement are Walk in Centres, Out of Hours (OOH) Services and in hour Primary Care Service working alongside the Emergency Department.

As part of the work to date we have also worked closely with other services that will interface and therefore need to be reflected within the developing pathways and specifications. These include NHS 111, Emergency Departments, Mental Health Services, SECamb (South East Coast Ambulance Trust), Community and Social Care services. It is important to note that these services were not part of the planned procurement process.

The other programmes that align to this programme are the CCGs' respective primary care strategies and community services review work and developing IT strategies.

The timeline for the programme would have seen public consultation take place from the end of August 2015, procurement from January 2016 and mobilisation of services by October/November 2016.

### **External factors affecting the programme**

The programme is externally dependent on the outputs of the Keogh review, the Five Year Forward View and any new post-election government policy.

On 3 July 2015 CCGs received a letter from Dame Barbara Hakin, NHS England, which focused on the need to ensure a functionally integrated 24/7 urgent care access, treatment and clinical advice service (incorporating NHS 111 and Out of Hours Services).

NHSE are leading some work to build upon the existing commissioning standards for NHS 111 by including further important elements from the NHS 111 Learning and Development Programme, the wider Urgent and Emergency Care Review and by taking into account the standards that OOH providers are required to meet. The letter details that there will be widespread engagement on these components prior to the publication of a revised set of commissioning standards and associated procurement guidance (with due consideration of Patient Choice and Competition Regulations) by the end of September 2015.

Within the letter, CCGs were requested to suspend further procurements of NHS 111 and OOH services (whatever stage of the procurement has been reached) until the end of September, to allow completion of the consultation and the release of the revised commissioning standards and supporting procurement advice for integrated services.

The local programme has therefore been 'paused' until the revised commissioning standards are received. It is clear the focus is on integrated services and would therefore mean bringing NHS 111 into the scope of the local programme going forward.

Once the new commissioning standards are received we will review and assess the revised timeline for the programme and communicate this to all stakeholders.

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