04 September 2019 at 12.00 pm

Conference Room, Argyle Road, Sevenoaks

Health Liaison Board

At the above stated meeting the attached presentations were tabled for the following items

		Pages	Contact
4.	**Establishing a Single NHS Clinical Commissioning Group for Kent and Medway** Dr Bob Bowes, NHS Clinical Lead for West Kent CCG and Sue Braysher, Director of System Transformation for Dartford, Gravesham & Swanley CCG, will attend the meeting to present to Members the up-to-date situation regarding a single NHS Clinical Commissioning Group for Kent and Medway. This is a major change to the way in which local health services are delivered.	(Pages 1 - 24)	
5.	**NHS Urgent Care Services in Dartford, Gravesham and Swanley**	(Pages 25 - 52)	Hayley Brooks Tel: 01732 227272

If you wish to obtain further factual information on any of the agenda items listed above, please contact the named officer prior to the day of the meeting.

Should you need this agenda or any of the reports in a different format, or have any other queries concerning this agenda or the meeting please contact Democratic Services on 01732 227000 or democratic.services@sevenoaks.gov.uk.

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Transforming health and social care
in Kent and Medway

Helping local people live their best life

New ways of organising health and care services in Kent and Medway for benefit of everyone

Quality of life, quality of care

Helping local people live their best life

Our ambition

- Provide **safe, high-quality, joined up and sustainable** health and social care services
- Meet the **needs of local people** now and into the future
- Help people **live their best life**, and get great **treatment, care and support** when they need it

We have made progress towards achieving our ambition by working together.

In the future, we want to **change how we organise** ourselves to **unlock more improvements** and help meet demand.

Quality of life, quality of care

Why change?

- The current structure of the NHS has not enabled **sustainable long term improvements to patient care**.
  - Average life expectancy across the county differs by more than 15 years
  - Fragmented services, e.g. children SEN, cancer services, etc
  - Varying performance across the county, planned and urgent care
  - Varying patient experience/outcomes
  - Dementia diagnosis and treatment rates variable
- The **internal market** has pushed organisations to compete against each other rather than collaborate and integrate
- **Prevention** has consistently not been prioritised
- Significant **workforce** issues across the county
- Rising importance of **local care**.

The NHS Long Term Plan – January 2019

- Move from largely reactive to **proactive system** not just responding to demand but lessening the need by:
  - making sure everyone gets the **best start in life**
  - supporting people to **live well** with LTCs and to **age well**
  - **AND** delivering **world-class care for major health problems.**

- This can only be delivered in partnership. Vehicle is **integrated care systems** (ICS), including **integrated care partnerships** (ICPs) and **primary care networks** (PCNs) to improve health and care for local people.

- Other essentials for success:
  - achieving the necessary **workforce**
  - maximising potential of **digital technology** in health and care services
  - improving **value for money**, including changes to the internal market and commissioning.

Helping local people live their best life

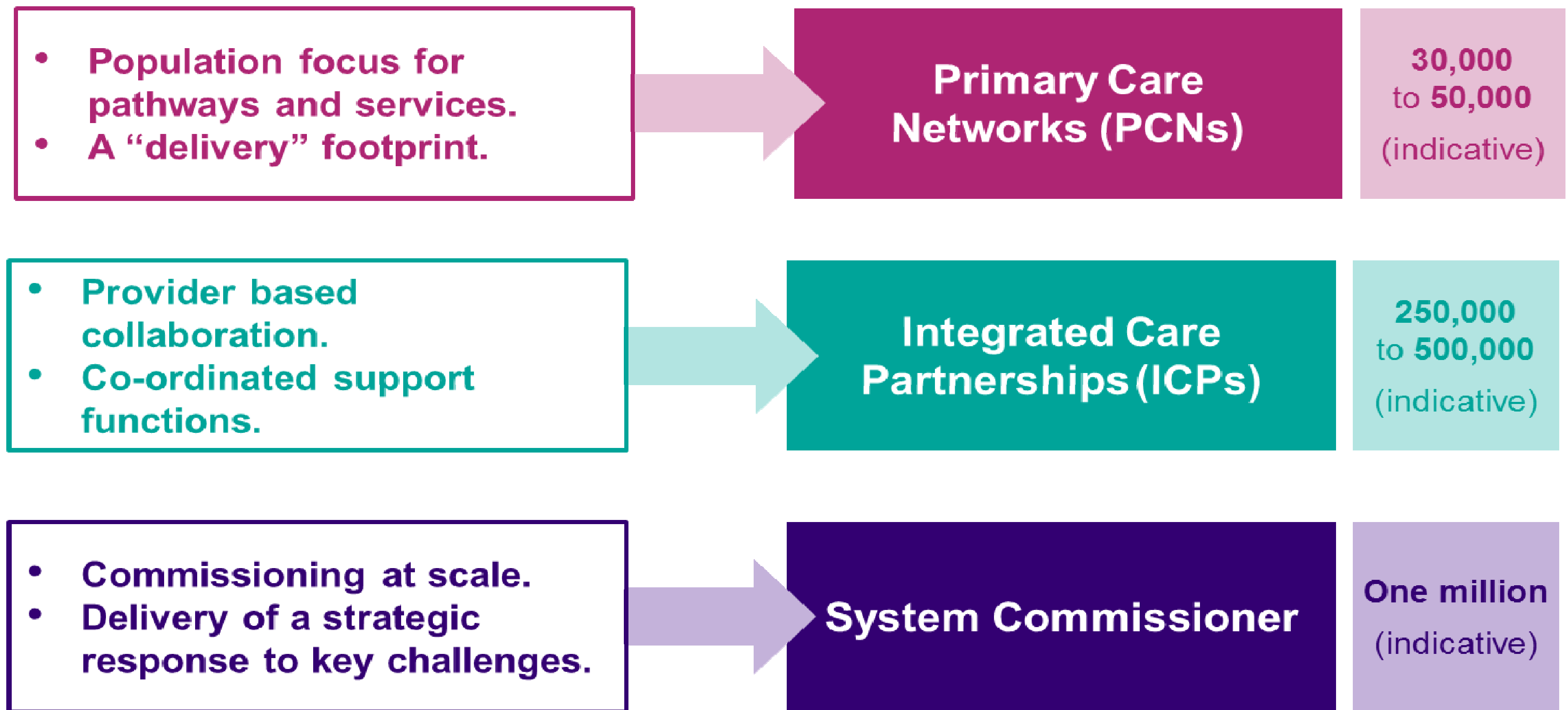
The approach will be known as the

Kent and Medway integrated care system

This is in line with the new NHS Long Term Plan published earlier in 2019.

Quality of life, quality of care

An integrated care system



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Primary care networks

Quality of life, quality of care

What are primary care networks?

- Primary care networks are **groups of GP practices working together** and as part of wider multi-professional teams to deliver **proactive, personalised, co-ordinated, integrated** health and social care for local neighbourhoods: typically 30,000 to 50,000 registered patients.
- There are **two primary care networks,** one in Sevenoaks and one in Swanley/rural which went live from 1 July 2019 and are providing extended access to appointments at GP practices. They have their **own funding** and will **employ people working in new roles** (such as physiotherapists, clinical pharmacists and social prescribing link workers) and provide some services for everyone in their area.
- They will assess unwarranted **variations in their residents' health** and feed their knowledge, expertise and insight into the emerging local Integrated Care Partnerships.

Why have primary care networks?

Primary care networks will provide patients and members of the public with:

- a more **comprehensive and integrated** set of services, that anticipate rising demand and support higher levels of self-care

- **different care models for different population groups** (such as frail older people, adults with complex needs, children) that are person-centred, rather than disease centred, based on local knowledge and insight.

PCNs will reinvigorate general practice which is the bedrock of health provision in this country. They will play an important role in integrated care partnerships, where primary care (GP services) will be the second largest provider at the table.

Helping local people live their best life

What are integrated care partnerships?

Quality of life, quality of care

Integrated care partnerships (ICPs)

Provide joined-up care for 'a place' with between 250,000 and 750,000 population

Draw together all the NHS organisations in a given area with social care, health improvement, other local authority services, voluntary and community sector, significant patient and public involvement.

- West Kent ICP will design and deliver **the vast majority of care for local people,** including all out of hospital or local care.
- It will do so in a way that meets local people's needs, to improve their health from cradle to grave, reduce inequalities and deliver best value for money.
- It will hold a contract with the CCG. The organisations in the ICP will agree together how funding is spent locally.
- PCNs will be an integral part of ICPs (ICPs will not be able to hold a contract without assurance around GP involvement and support).

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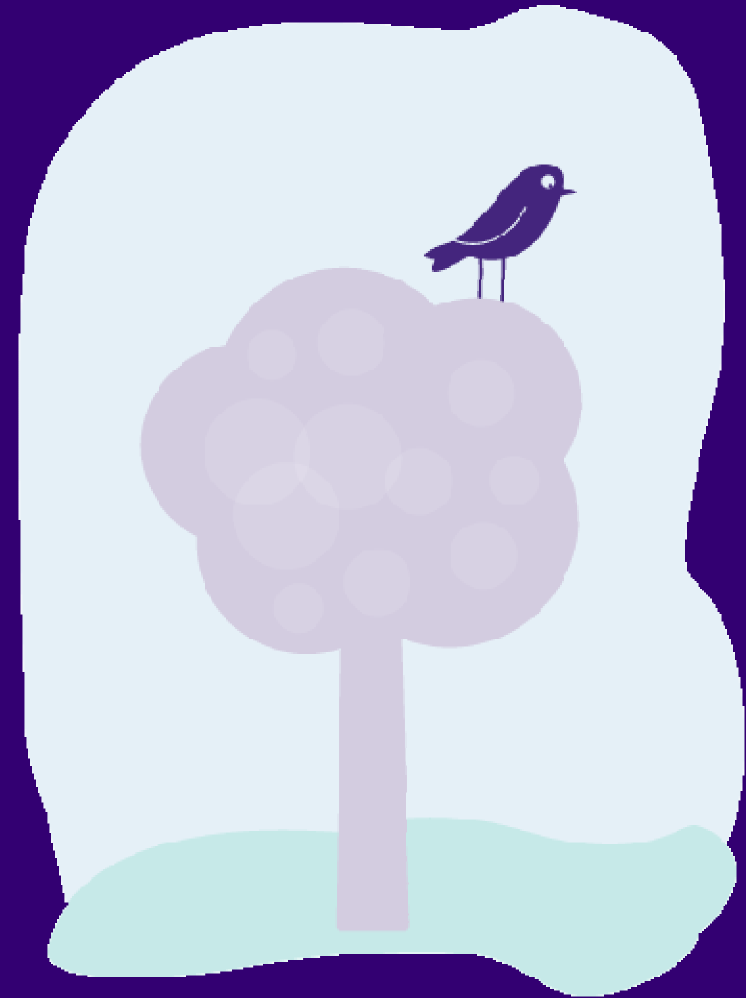
Proposed integrated care partnerships for Kent and Medway

Helping local people live their best life

Why a single clinical commissioning group?



Quality of life, quality of care

The CCG chairs are clear that only a single Kent and Medway CCG can:

- overcome current fragmentation and duplication, allowing faster decision making, and channelling savings from doing things once (e.g. finance and corporate services) into local care
- offer consistent and ongoing support to the new primary care networks (PCNs), enabling them all to develop and play their vital role
- provide authoritative leadership to the new integrated care partnerships (ICPs) and let contracts that are both transformative and deliverable

The CCG chairs are clear that only a single Kent and Medway CCG can:

- increase the ability of Kent and Medway to submit strong bids for any targeted transformation monies that may be available as part of Long Term Plan implementation
- describe the needs of the whole population and develop outcomes for ICPs to deliver in ways tailored to their local populations, strengthening the focus on righting health inequalities
- better develop the pipeline and mix of staff that the NHS needs, including new roles to extend the care available to support people's mental and physical health and wellbeing.

Why a single Kent and Medway CCG?

- NHS Long Term Plan requires each area to streamline commissioning, typically having **a single CCG**
- Necessary move to **address major challenges** across the county, deliver Long Term Plan ambitions and address current **fragility** in the system
- We believe a single Kent and Medway CCG provides:
  - best opportunity for working strategically with top tier local authorities – Medway Council and KCC
  - best opportunities for efficiency, saving money to channel back into care
  - best way to avoid duplication, including with ICPs
  - most ‘future-proof’ solution.

So what does this mean for primary care?

- Practices working more closely with their neighbours in PCNs, enabling **greater sustainability.**

- Primary care - an **integral and equal partner** of the local system through ICPs. They will determine clinical priorities, pathway design and allocation of resource with partners.
- A **collective ownership** of health and wellbeing across localities, rather than organisations being internally focused.
- Primary care will be '**the golden thread**' through the new landscape: at PCN, ICP and CCG level.
- Local **GP representation** on single CCG Governing Body.
- G/PMS **budgets protected and where possible enhanced.**
- Primary care **commissioning roles / customer care teams** to remain *(subject to staff consultation).*
- A **great opportunity** – although challenges still remain.

So what does it mean for patients?

- Better **joined-up local services** with patients at the centre: **one service and one team**
- A joined-up focus for **population health** and the ability to **target resources** where most needed.
- **Providers working together**, not against each other, to deliver patient care
- **Improvement in access, experience and clinical/care outcomes**
- Ability of system to **move at pace** to improve services across Kent and Medway for patients.

Safeguards built in as the result of GP feedback

- The new CCG will always be **GP-led**, with a GP majority on its Governing Body including a GP from each current CCG until at least April 2022
- There will be a full and robust development programme for primary care networks so they **play their full part** in the emerging integrated care partnerships, and reinvigorate **primary care**
- **Local support for GP practices** will continue as now, or be enhanced, and there will **ongoing support in ICPs** for service design and delivery
- **Primary care baseline allocations** will be protected and where possible increased. There will be **transitional protection of baseline commissioning allocations** within ICP areas
- **Strong local patient and public representation** from the CCG Governing Body down to individual PCNs.

Single CCG key dates and next steps

- The GP members of all eight CCGs will discuss and vote on the proposal to form a single CCG.
- If they approve the merger proposal, they will task their respective governing bodies with signing it off.
- If agreed, a formal request to become a single CCG will be submitted to NHS England and NHS Improvement by 30 September 2019 – the deadline for authorisation by April 2020. We would expect to hear the outcome in November.
- If authorised, the single CCG will be established on 1 April 2020.
- April 2021 – national expectation that all areas of the country will be functioning as integrated care systems.

Principles for our response to the NHS Long Term Plan

Our response will show how the NHS in Kent and Medway will deliver the improvements required over the next five years. It will be:

Built on the foundation of our work so far

- We will learn from and build on the work of the Kent and Medway Sustainability and Transformation Partnership from the past three years

Developed in partnership

- We are working together with Kent County Council and Medway Council to develop the response to the plan, reflecting our commitment to joined up health and social care

Locally owned

- Our response will reflect the engagement and feedback we have heard from our population, patients and staff.
- This includes four engagement events across Kent and Medway to discuss our response to the NHS Long Term, plus targeted engagement activity on specific priority areas e.g. surveys, focus groups with seldom-heard groups

Clinically led

- All clinical areas of the plan are being developed by clinicians and health and care professionals
- Our response to the plan will be reviewed by various clinical forums (for example Cancer Executive Board)

Realistic and sustainable

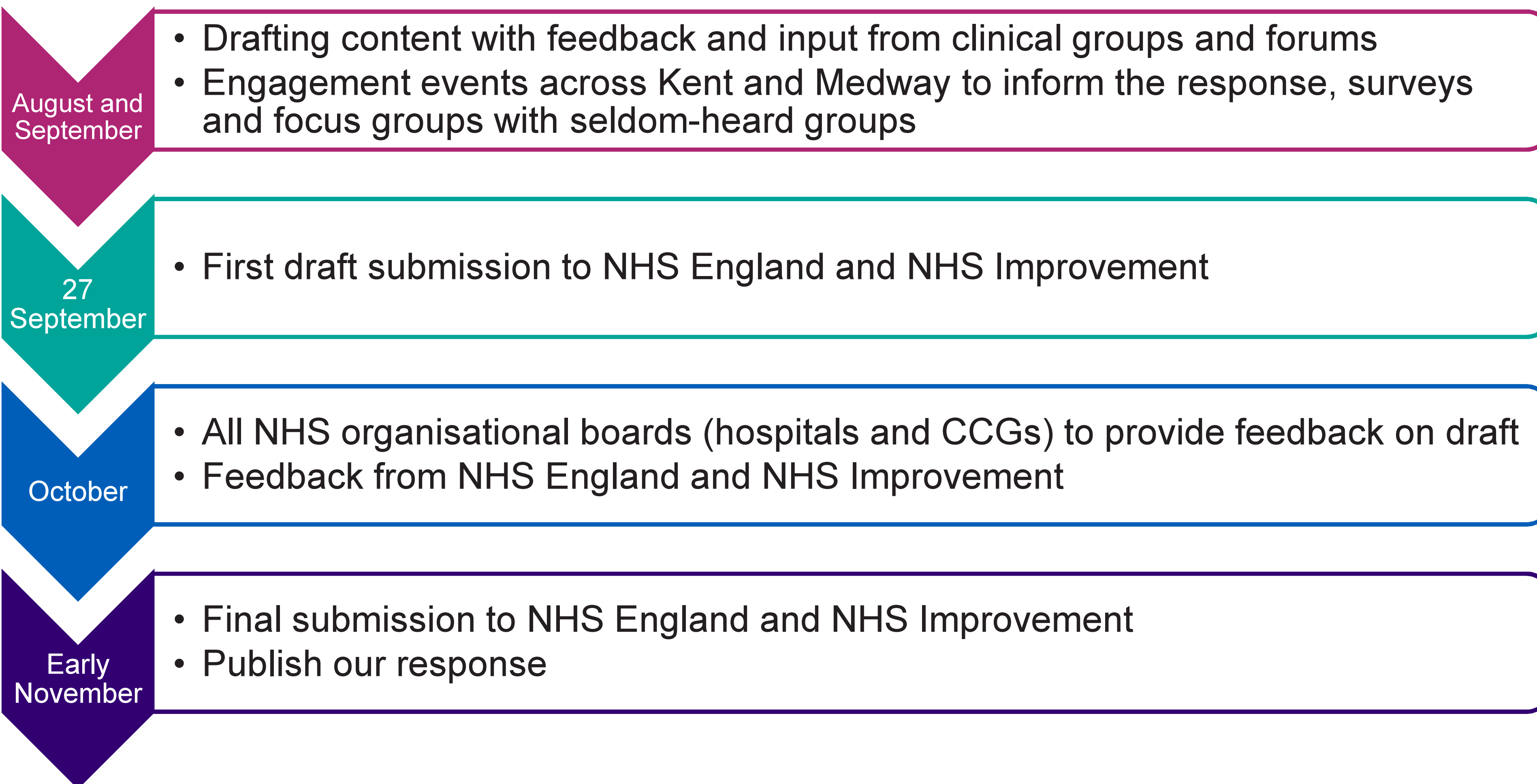
- Our response will be based on realistic workforce and finance assumptions and projections so that we can be confident our plans will be achievable and sustainable in to the future.

NHS Long Term Plan events

We're holding **four evening events** in September so we can seek views on some of our priority areas. The events will run from **6.30pm to 9.30pm** and take place on:

- **10 September:** Spitfire Ground, St Lawrence, Old Dover Road, Canterbury, CT1 3NZ
- **11 September:** Don Carman Hall, Ditton Community Centre, Kilnbarn Road, Ditton Aylesford, Kent ME20 6AH
- **18 September:** Gillingham Football Ground, MEMS Priestfield Stadium, Redfern Avenue, Gillingham ME7 4DD
- **24 September:** Main Hall, Dartford Science and Technology College, Heath Lane Dartford DA1 2LY

Timeline for developing the response



Helping local people live their best life

Your questions

Quality of life, quality of care

Dartford Gravesham and Swanley
Clinical Commissioning Group

Improving NHS urgent care services in Dartford, Gravesham and Swanley

What changes are being proposed and how will they affect local people?

Who we are

Urgent Care:

- **Dr Nigel Sewell** Urgent Care Clinical Lead and GP Member
- **Gerrie Adler** Director of Strategic Transformation
- **Angela Basoah** Head of Communications and Engagement

Primary and Local Care:

- **Dr Sarah MacDermott** Governing Body Clinical Chair and GP member

What is urgent care?

By urgent care, we mean **care to treat illnesses or injuries that are not life-threatening but that require an urgent clinical assessment or treatment** on the same day.

What is urgent care?

Some conditions that may require urgent treatment if they get worse and you cannot be seen by your local GP or pharmacist are:

- minor illnesses
- bites and stings
- ear and throat infections
- minor skin infections / rashes
- minor eye conditions / infections
- stomach pains
- sickness and diarrhoea
- emergency contraception

Some conditions that should be taken directly to an Urgent Treatment Centre are:

- suspected broken bones
- cuts and grazes
- minor scalds and burns
- strains and sprains
- DIY mishaps
- minor head injuries
- worsening fevers

Why do we need to change urgent care services?

- Services are provided at **different sites**, and treat **different conditions**
  - Can be **confusing** for the public
  - Patients may need to visit **more than one site**
- We need to **plan for the future** (22% increase in population by 2035)
- We need to **make the best use of the specialist skills of our staff**
- Current urgent care services **do not meet the national standards** for Urgent Treatment Centres

What services currently offer urgent care?

Walk-in Centre at Fleet Health Campus in Northfleet

GP out-of-hours

The Minor Injuries Unit at Gravesham Community Hospital in Gravesend

GPs at A&E department

GPs

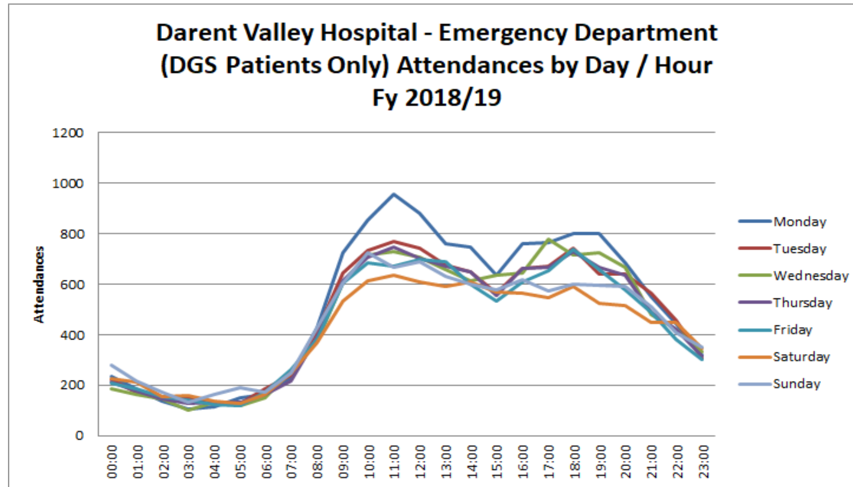
NHS 111

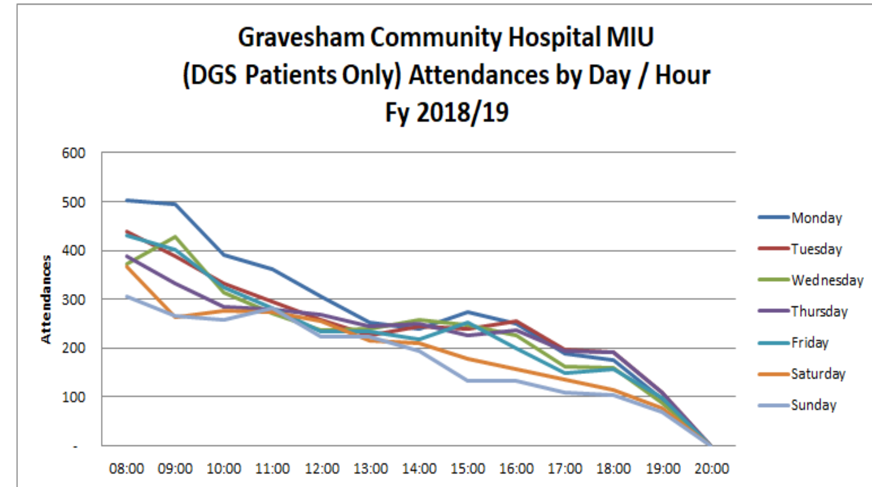
* Services affected by these proposals

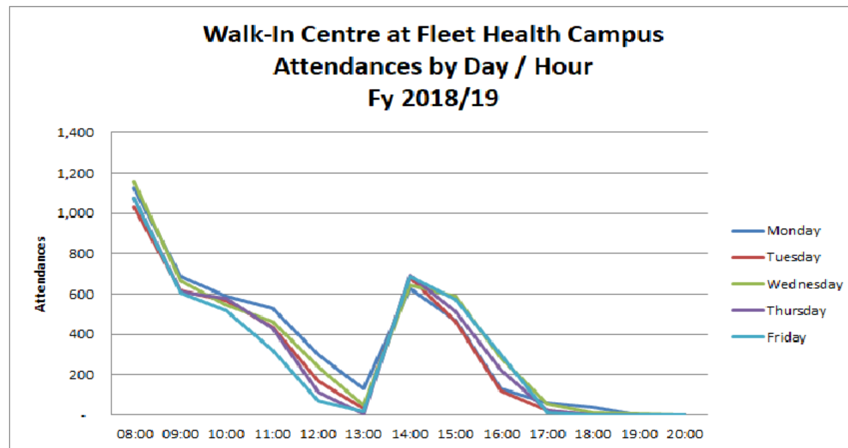
How were current urgent care services used in 2018/2019?

- **DGS attendances for urgent or emergency care:**
  - 70% - Darent Valley Hospital (DVH) – highest attendances from Gravesham area
  - 19% - Minor Injuries Unit Gravesham Community Hospital (MIU GCH) – highest attendances from Gravesham area
- 34% of Walk-In Centre (WIC) attendances by patients registered with practices located on the same site
- **The highest number of attendances with a known diagnosis/condition:**
  - DVH - 'dislocation/fracture/joint injury/amputation', closely followed by 'gastrointestinal conditions' and 'local infection'
  - MIU GCH - 'soft tissue inflammation', closely followed by 'dislocation/fracture/joint injury/amputation' and 'laceration'
  - WIC - coughs, rashes, sore throats and abdominal pain
- **Between 33 – 60% of A&E attendances thought to be treatable by GP-led service**

How were current urgent care services used in 2018/2019?







What is an Urgent Treatment Centre?

There are **27 national standards** for Urgent Treatment Centres including:

- **Open 12 hours a days / 365 days per year (minimum)**
- Services **led by GPs**, but **delivered by a team** including nurses, paramedics and others
- See and treat **minor illness and injury in patients of all ages**
- **Pre-booked same day and "walk-in" appointments**
- Access to **mental health, community, and social care** services
- Access to your patient record
- British sign language, interpretation and translation services

What will an Urgent Treatment Centre offer you?

- You will be able to receive **treatment for minor injuries and illnesses in one place**
- You will be able to have **x-rays, blood tests and similar services on site** to help diagnose illness and improve treatment offered
- You will be able to **book an appointment** via NHS 111 or you can **turn up and wait to be seen**
- The Urgent Treatment Centre will be **led by GPs working with nurses and other health professionals** as a team
- Services will be **integrated with GP out-of-hour services**

What else is happening to local services?

Our proposals are **part of wider plans for local NHS services** to ensure patients can get the right care when they need it.

Some of the developments include:

- **More GP appointments at hubs every evening up to 8pm and at weekends and bank holidays** (Improved Access Scheme)
- **More GP appointments and other services planned** from Primary Care Networks (PCNs)
- **More staff to support services that help the most frail and complex patients stay well and out-of-hospital** (Community Navigators, Rapid Response Service, Primary Care Home Visiting Service)

How we have engaged local people and stakeholders

We **started looking at urgent and emergency care** services in Dartford, Gravesham and Swanley.

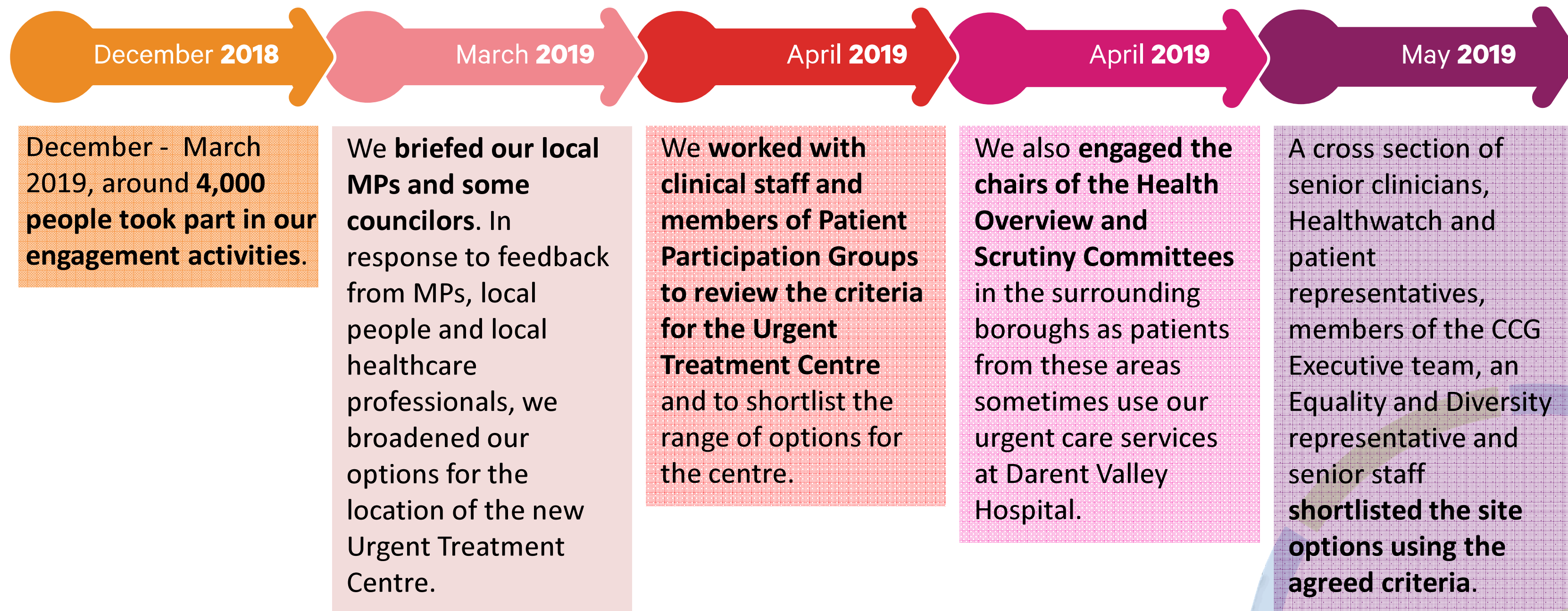
We held an **event where we spoke to GPs and other staff** working at GP surgeries. We also talked to people from voluntary sector organisations, NHS staff in hospitals, clinics and providing care in people's homes.

We held **three events where we spoke to residents and listened to their views** about our proposals for urgent care services.

We **presented our ideas to Kent Health Overview and Scrutiny Committee (HOSC)**, the committee run by Kent County Council which oversees major health developments in the borough.

We joined with the seven other clinical commissioning groups in Kent and Medway to engage people across Kent about improving NHS 111, face to face and telephone urgent care services.

How we have engaged local people and stakeholders



December - March 2019, around **4,000 people took part in our engagement activities.**

We **briefed our local MPs and some councilors.** In response to feedback from MPs, local people and local healthcare professionals, we broadened our options for the location of the new Urgent Treatment Centre.

We **worked with clinical staff and members of Patient Participation Groups to review the criteria for the Urgent Treatment Centre** and to shortlist the range of options for the centre.

We also **engaged the chairs of the Health Overview and Scrutiny Committees** in the surrounding boroughs as patients from these areas sometimes use our urgent care services at Darent Valley Hospital.

A cross section of senior clinicians, Healthwatch and patient representatives, members of the CCG Executive team, an Equality and Diversity representative and senior staff **shortlisted the site options using the agreed criteria.**

Proposed options for the location of the Urgent Treatment Centre

THE OPTIONS FOR CHANGE WE ARE CONSULTING ON ARE:

OPTION ONE

To create an Urgent Treatment Centre at Gravesham Community Hospital by moving services from the current Fleet Health Campus in Northfleet (White Horse Walk-in) to join the Minor Injuries Unit at Gravesham Community Hospital

OR

OPTION TWO

To create an Urgent Treatment Centre at Darent Valley Hospital by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Fleet Health Campus in Northfleet (White Horse Walk-in) to Darent Valley Hospital

Option 1 – Gravesham Community Hospital Site

Benefits

- There is good pedestrian access to Gravesham Community Hospital
- There are good public transport links to Gravesend town centre from the surrounding areas
- Patients were very positive about Gravesham Community Hospital during previous engagement
- The IT system linking patient records is already established.

Option 1 - Gravesham Community Hospital Site

Potential disadvantages and concerns

- An Urgent Treatment Centre at Gravesham Community Hospital is less likely to relieve the growing pressures on A&E. Having an Urgent Treatment Centre linked with an A&E department on the same site has been found to be most effective
- Patients who have conditions requiring A&E attention will have to travel, which could mean a delay to their treatment
- There is limited car parking on site at Gravesham Community Hospital. There is a council owned car park nearby.

Option 1 – What does this mean for me?

Opening Hours:

- The Urgent Treatment Centre may **stop receiving patients before closing time.** Patients will be redirected to A&E at Darent Valley Hospital

Treatment for deteriorating / life threatening conditions:

- If your condition gets worse or you need specialist care the Urgent Treatment Centre may call **an ambulance to transport you to the A&E** at Darent Valley Hospital

Medication:

- There is **no community pharmacy on-site**, but there are several pharmacies nearby. The Urgent Treatment Centre will have dispensing cupboards to ensure you can obtain routine medications (e.g. inhalers)

Option 1 - What does this mean for other local services?

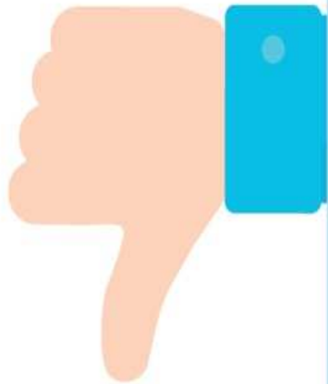
- Patients currently using the Minor Injuries Unit at Gravesham Community Hospital will be able to **access the Urgent Treatment Centre**
- An Urgent Treatment Centre not located with the A&E department is **unlikely to reduce the pressure on A&E department**
- There will **no longer be ‘walk-in services’ at Fleet Health Campus (Whitehorse)** but there are plans for more community and GP services to be available at that site
- The **A&E at Darent Valley Hospital will stay the same**

Option 2 – Darent Valley Hospital Site

Benefits

- The Urgent Treatment Centre would be open for at least 12 hours a day. These hours could be extended
- The A&E on-site will mean patients can be transferred easily, if their condition requires it
- A&E is more likely to be able to focus on patients with the most serious medical needs
- Having both the Urgent Treatment Centre and A&E on one site may attract staff wanting to develop skills in both settings. This may make it easier to recruit a skilled workforce and may reduce staff vacancies.

Option 2 – Darent Valley Hospital Site



Potential disadvantages and concerns

- Parking spaces at Darent Valley Hospital can be limited at peak times, and parking is not free. However there are plans to increase the number of parking spaces available
- Traffic around Darent Valley Hospital can be heavy at peak times
- Darent Valley Hospital does not have good public transport links.

Option 2 – What does this mean for me?

Opening Hours:

- The Urgent Treatment Centre could continue to see you up until its official closing time after which you will be **re-directed to the A&E on-site**

Treatment for deteriorating / life threatening conditions:

- If your condition gets worse or you need specialist care, you would be **transferred to the A&E department on-site**

Medication:

- There is a **pharmacy on-site but it is not open all hours**. When the pharmacy is closed, there are other pharmacies nearby and the Urgent Treatment Centre will have dispensing cupboards to ensure you can obtain routine medications (e.g. inhalers)

Option 2 - What does this mean for other local services?

- The co-location of the Urgent Treatment Centre and A&E services will **most likely relieve the pressures on A&E**
- Patients can **easily be transferred between services** without delay
- There will **no longer be 'walk-in services' at Fleet Health Campus (Whitehorse)** but there are plans for more community and GP services to be available at that site
- **Gravesham Community Hospital could offer additional GP and health and wellbeing services**

These proposals have been reviewed in the following ways?

Patient Representatives	Healthwatch	Kent Health Oversight and Scrutiny Committee (HOSC)
Local GPs	CCG Governing Body Independent Lay Members	NHS England

Giving your views: Six ways to make your voice heard

1. Come and talk to us

We will be organising public events and visiting community venues, health centres and supermarkets to discuss our proposals.

2. Invite us to come to you

We want to hear from groups supporting residents with specific needs e.g. Carers or parents of disabled children.

Email us via
dgs.communications@nhs.net

3. Online questionnaire

You can give your feedback from wherever you are. Complete the consultation questionnaire online .

4. Email

You can send us your comments about proposed changes.

Drop us an email via
dgs.communications@nhs.net

5. Phone

You can phone us on
03000 424903

6. Post

Post your completed questionnaire free of charge to:

FREEPOST RTXG-RKSL-TYJH
NHS Dartford,
Gravesham and Swanley CCG,
2nd Floor, Gravesham Civic Centre,
Windmill Street,
Gravesend, Kent,
DA12 1AU.

Public Consultation

- 12 week consultation from **12 August – 4 November 2019**
- **Today's feedback will be recorded as consultation responses**
- **24 local sites identified** for 'drop in' sessions, community outreach, and 3 public meetings
- Working with partners, patients and stakeholders to ensure a **wide distribution of materials**
- **Promotion of the online survey and events timetable** on the CCG website (www.dartfordgraveshamswanleyccg.nhs.uk) and social media channels (Facebook and Twitter)

Public Consultation

- **Working in partnership with Healthwatch Kent**, we aim to encourage residents in rural parts of the borough, BAME and other 'seldom heard' groups to take part
- **Engaging with neighbouring CCGs and local authorities**
- All the **responses will be collated and analysed by an independent third party organisation**
- **Findings will be shared with Kent Health Overview Scrutiny Committee (HOSC)**

Next Steps

- **Decision-Making Business Case** will be developed - CCG's Governing Body will make the **final decision by early 2020**
- **Decision will be shared with Kent HOSC**
- The Public Consultation reports will also be **published on the CCG website**
- The Urgent Treatment Centre will be **operational from Summer 2020**

Any comments or questions?