North Tyneside Council

Extraordinary Adult Social Care, Health and Wellbeing Sub-Committee

22 November 2017

Thursday 30 November 2017 in Room 0.02, Ground Floor, Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside commencing at **6.00pm**.

Agenda Item **Page**

1. **Apologies for Absence**

   To receive apologies for absence from the meeting.

2. **Appointment of Substitute Members**

   To be notified of the appointment of any Substitute Members.

3. **Declarations of Interest**

   You are invited to **declare** any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest.

   You are also invited to disclose any dispensations in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

   Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

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Contact Officer – Sharon Ranadé – (0191) 643 5614

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4.	**North Tyneside Integrated Urgent Care Service** To consider a report and presentation which outlines the proposed changes to urgent care services, including feedback gathered from the public consultation which ended on the 17 November 2017.	3 - 34

Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Ken Barrie
Councillor Linda Bell
Councillor Pamela Brooks
Councillor Joanne Cassidy
Councillor Karen Clark (Deputy Chair)
Councillor Marian Huscroft
Councillor David McGarr
Councillor Alan Percy
Councillor Margaret Reynolds
Councillor Lesley Spillard
Councillor Alison Waggott-Fairley

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 30 November 2017

Title: North Tyneside Integrated Urgent Care Service

Author: Mathew Crowther **Tel: 0191 293 1161**

Organisation: North Tyneside CCG

Wards affected: All

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1. Purpose of Report

The report outlines the engagement exercise that North Tyneside CCG has carried out in order to provide local people and stakeholder groups with an opportunity to comment on proposed changes to the CCG's urgent care commissioning plans and the continued suspension of walk-in access to the urgent care centre at North Tyneside General Hospital ('Rake Lane') between midnight and 8am.

This engagement period ran from 23 October to 17 November. It followed an earlier and very detailed consultation process during 2016 which gathered local people's views about a range of possible scenarios for future provision of urgent care services in North Tyneside. Following this process, the CCG's Governing Body considered all these options and agreed a recommendation to replace the existing urgent care facilities with a single, 24-hour urgent care service with effect from 1 October 2017.

The CCG moved to procure a new Integrated Urgent Care Service for the whole of North Tyneside in January this year, but were unable to identify a provider capable of delivering the service as specified. The CCG remains clear that the need for reform has not gone away, and that a single, integrated urgent care service is the best way to meet the borough's urgent care needs. The proposed new model remains very close to the model on which we consulted last year and therefore we would not wish to create confusion by reopening previous discussions which have already been concluded.

However, the new proposal does include some differences. While the overall urgent care service will continue to meet people's needs on a 24/7 basis, the new plan is for the walk-in service to operate from 8am to 10pm, with the limited number of patients needing urgent care at night having their needs being met through NHS 111 and the GP out of hours service.

We recognise that this is a significant change, but it does not change the fundamentals of our model, and therefore we have carried out an engagement exercise that is proportionate to the change in our model and in line with our requirement to consult. Our approach has been shaped by further discussions with The Consultation Institute, an expert, not-for-profit, organisation

which aims to raise the standard of engagement and consultation exercises across the public sector.

The engagement period lasted for 4 weeks, as opposed to the minimum 2 weeks required by statute, and we took steps to advertise it widely and maximise the range of opportunities to take part. This included:

- A survey available online and on paper, with copies available from every GP practice and walk-in centre in North Tyneside
- Events for around 20 local community groups to listen to their views, including disabled people, visually impaired people, parents of under-fives, mental health service users, men and women, and a full range of age groups including young people, older people and age groups in between
- Two focus groups with randomly recruited participants, matched as closely as possible to the borough's population
- Four public events to ensure people have as many opportunities as possible in different parts of the borough
- Online advertising and promoted posts through Facebook, News Guardian, Amazon and other sites, geotargeted to North Tyneside area
- Prominent news stories in the Journal, Chronicle and News Guardian (front page of print edition) as well as BBC Radio Newcastle
- Sponsored article on the News Guardian website
- Engagement with the CCG Patient Forum
- Posters and screens in GP practices and walk-in centres
- Email briefings to stakeholders and people who have previously shown an interest in this issue and shared their contact details

The listening period ran from 23 October to 17 November, with a survey, focus groups, public events and online advertising helping people to share their views. The CCG will then analyse the results before making a final decision on 5 December about the new service provision from October 2018.

The CCG is currently analysing feedback gathered during the listening period and will present and outline of this to Sub-committee members on 30th November.

2. Recommendations

The Adult Social Care, Health and Wellbeing Sub-committee is asked to note the contents of the paper and attached reports and provide feedback accordingly.

3. Details

Information on the feedback gathered from the public will presented at the meeting on 30th November. Further information on the proposed changes can be found in the attached report.

4. Appendices

Appendix 1 - North Tyneside Integrated Urgent Care Service; and
Appendix 2 - Impact assessment of the suspension of overnight access to urgent care services at North Tyneside General Hospital – October 2018

5. Background Information

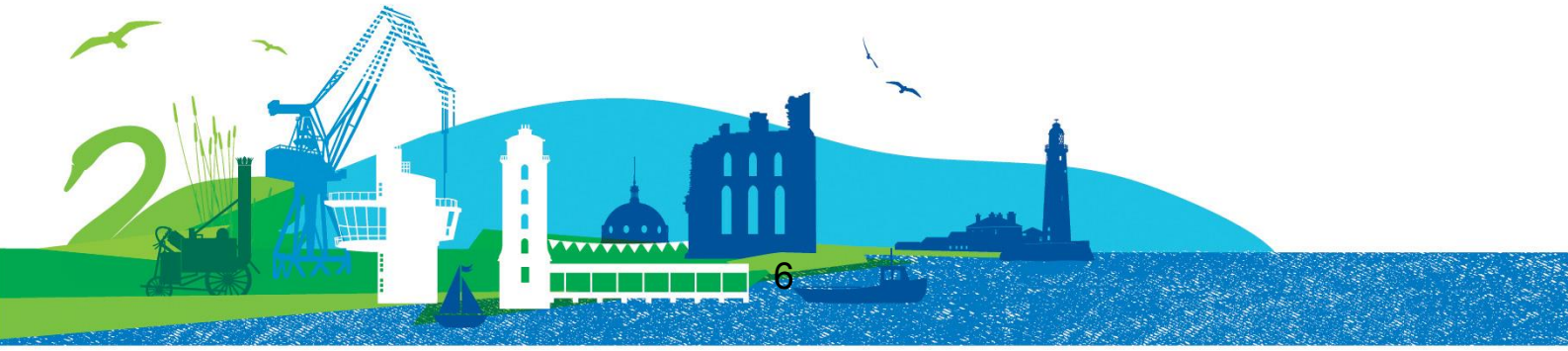
The following documents have been used in the compilation of this report and may be inspected at the offices of the author:

- Right Care, Time & Place - Business Strategy and Case for Change
- North Tyneside Integrated Urgent Care Service Specification
- Integrated Urgent Care Procurement Evaluation Strategy
- Engagement Strategy
- Right Care, Time & Place – Lessons Learned

Appendix 1

NHS
North Tyneside
Clinical Commissioning Group

NORTH TYNESIDE INTEGRATED URGENT CARE SERVICE



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1. Introduction

This report marks the beginning of a new phase in the CCG's efforts to reconfigure urgent care service in North Tyneside. The CCG committed to review local urgent care services as part of its five year *Urgent & Emergency Care Strategy 2014 – 2019.* Major reconfiguration of local services is necessary because the current system is:

- Unaffordable. The opening of the Northumbria Specialist Emergency Care Hospital (NSECH) in June 2015 increased the cost of the urgent and emergency care system in North Tyneside by around £2 million per annum and has contributed significantly towards the CCG's financial deficit. The CCG must therefore take action to place the local urgent care system on a financially sustainable footing for the future.
- Inefficient. The current system consists of a mixture of different services all offering overlapping access to urgent care within a relatively small geographic area. This represents poor value for money and an inefficient use of our finite clinical resources.
- Confusing. Patients have told us that they find the existing urgent care system confusing and difficult to access properly. They do not always understand the distinction between urgent and emergency care and have difficulty identifying which services are most appropriate for their needs. Many have indicated that they would prefer a simplified 'one stop shop' for urgent care in North Tyneside.

The CCG launched the *Right Care, Time & Place* initiative in January 2015 with the aim of:

- Consulting with the public on future scenarios for the delivery of urgent care in North Tyneside.
- Decommissioning the existing urgent care centres and out of hours service from 30th September 2017.
- Commissioning a single integrated urgent care service from 1st October 2017.

Unfortunately the CCG was unable to identify a provider capable of delivering the new service and a procurement exercise ended in July 2017 without a contract being awarded.

The CCG has subsequently taken stock of its positions and engaged in discussions with a number of partner organisations about the best way to achieve the desired outcomes for patients and the local health economy. After careful consideration the CCG has concluded that:

- None of the issue which prompted the decision to reconfigure urgent care services have been satisfactorily addressed. The local urgent care system is still unaffordable, inefficient and confusing for patients.
- Procurement remains the most effective way of securing an improved service model and greater financial efficiency.
- Changes to national guidance and the application of 'lessons learned' from the first procurement make it more likely that another procurement would be successful.

The CCG has therefore decided to:

- Extend the existing urgent care centre and out of hours contracts for a further 12 months
- Revise the service specification and financial envelope for the new urgent care service
- Competitively tender the contract with the aim of mobilising the new service by 1st October 2018.

2. Urgent care services in North Tyneside

2.1. Current state

North Tyneside CCG currently commissions the following urgent care services:

- North Tyneside General Hospital ('Rake Lane') Urgent Care Centre (Northumbria Healthcare)
- Battle Hill Walk-in Centre (Freeman Clinics)
- GP Out of Hours Service (Vocare)

North Tyneside residents also frequently access the following services with urgent care needs:

- Northumbria Specialist Emergency Care Hospital (NSECH) (Northumbria Healthcare)
- Royal Victoria Infirmary (RVI) (Newcastle upon Tyne Hospitals)
- Newcastle walk-in centres at Ponteland Road and Molineux Street (Newcastle upon Tyne Hospitals)

North Tyneside residents with urgent care needs will also have access to GP extended access services at evenings and weekends from September 2017 onwards.

2.2. Future state

The specification for the new urgent care service will be different from the one the CCG tried to procure in 2016/17 because:

- The outcome of the procurement indicated that there were not providers capable of delivering this service specification.

- This specification does not comply with new guidance issued by NHS England in July 2017.
- The commissioning requirements for urgent care during the out of hours period will change as a result of the regional re-procurement of NHS 111 in early 2018/19.
- The local urgent care system has changed since the original specification was drawn up in 2016/17, with A&E streaming and extended access to primary care services all being rolled out later this year.

However our overall objectives will remain exactly the same:

- Consolidate urgent care services onto a single site in North Tyneside.
- Integrate the delivery of in hours and out of hours services.
- Integration of emergency care, urgent care and primary care.
- A financially sustainable urgent care system.

2.3. National and local context

NHS England has instructed CCGs to replace the existing mix of urgent care centres, walk-in centres and Type 3 A&E departments with Urgent Treatment Centres by December 2019. The new Urgent Treatment Centres will:

- Open for at least 12 hours a day.
- Be staffed by a GP-led clinical workforce.
- Have access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
- Offer patients booked appointments via NHS 111 and general practice as well as walk-in options.
- Increasingly be able to access routine and same-day appointments, and out of hours general practice, for both urgent and routine appointments, at the same facility.

Requirements for the out of hours period are also changing as a result of:

- Further integration between in-hours and out of hours care and extended access services in primary care reducing the need for a distinct GP centre visiting service.
- Responsibility for telephone-based appointments during the out of hours period will be passed to a regional clinical hub within NHS 111.
- Increased use of skill-mix solutions and technology will reduce the cost of delivering the home visiting element of the out of hours service.

3. Patient and public involvement

The CCG carried out a public consultation on the future of local urgent care services in 2015/16 and tried to secure an outcome which was consistent with the views expressed by the public. Unfortunately it was not possible to award a contract for that service and consequently the CCG has had to revisit the type of urgent care service it wishes to commission. In doing this we have been mindful of the need to adhere to the principles which underpinned the original consultation and to address as many of the issues raised by the public as possible.

Those issues were:

- Negative past experiences of accessing walk-in services in North Tyneside made some members of the public hesitant about using a new urgent care service.
- There was uncertainty about the differences between emergency care and urgent care and which services it was most appropriate to access for a given healthcare need.
- The perceived value of the service would depend on the facilities available and the skill-mix of the staff.
- Concern about the closure of services and the impact that additional activity would have on waiting times at the new urgent care center.
- The most important factor was the location of the urgent care center and its accessibility by car and public transport.
- The public preferred a single site solution because they wanted a simple urgent care system that was easy for them to navigate.

The following table contains a list of frequently asked questions from the original urgent care consultation and a response from the CCG, outlining how the proposal to commission an Urgent Treatment Centre will address those needs.

Frequently asked questions	**Response**
Why can't we keep all of the existing services in place?	The CCG cannot afford to continue funding two separate walk-in services and a separate GP out of hours services. The current system results in money being wasted on the duplication of services within a relatively small geographic area. National policy has also changed and all CCGs are required to have urgent treatment centres in place by December 2019. Therefore doing nothing is not an option we can consider.
Will these new proposals make the current urgent care system easier to	Yes. The CCG plans to replace an array of services offering similar levels of care in different locations, at different times of

understand and navigate?	the day, with a single integrated Urgent Treatment Centre.
How will I access the new service?	Patients will be encouraged to book an appointment via NHS 111. Those who choose to walk-in will still be seen but may have to wait longer.
Will one urgent care service be able to cope with the level of demand?	Yes. This will be a brand new service that is different from the existing walk-in centres and out of hours service. It will have the staff and equipment needed to cope with the increased level of demand.
Will I be able to walk into the new service 24 hours a day?	No. The CCG tried to procure a 24/7 urgent care service earlier this year and couldn't. Demand for urgent care during the overnight period is so low that the cost of keeping a service running overnight cannot be justified. The Urgent Treatment Centre will be open from 08.00 to 22.00. Outside those hours patients with an urgent care need will be able to access out of hours services via NHS 111 or attend A&E.
Why can't the CCG just commission a new service at Rake Lane / Battle Hill?	The CCG is required to follow public sector procurement rules which state that contracts should be awarded in a way which is fair, transparent, and achieves value for money. This should be achieved through competitive tendering process, unless there are compelling reasons not to do so. Awarding a contract to an existing provider simply because they own a particular set of premises, when other suitable locations are available in the borough, could be construed could be construed as a breach of those regulations and may result in the CCG being subject to legal action.
Does the outcome of the public consultation – which showed a clear preference for the service to be located at a particular site – make any difference?	No. The outcome of the public consultation does not override UK and EU law on public sector procurement. The CCG has to allow any suitable provider an opportunity to bid to deliver this service.
Where will the new service be based?	Organisations that bid to provide the service will have to nominate a suitable site from which to deliver it. The CCG will

	define what constitutes a 'suitable site' but will not pre-determine the location. This will be decided by the outcome of the procurement.
Will the new service be accessible by public transport and will it have adequate parking facilities?	Transport and accessibility will be one of the areas that will be assessed as part of the procurement. The CCG will ensure that proposed location is as accessible as possible.

4. Service model

The development of the service model has been informed by:

- Lessons learned from the urgent care procurement in 2017/18.
- NHS England commissioning guidelines
- The regional Urgent & Emergency Care Network strategy for developing clinical capacity within NHS 111
- The local context in which the service will operate, particularly with regards the proposed implementation of extended access to primary care services and A&E streaming in 2017/18.
- Evidence of what works well in other parts of the country.

The core aims of the service will be to:

- Provide safe, high quality, care to the people of North Tyneside.
- See, treat and discharge at least 95% of patients within four hours of arrival at the Urgent Treatment Centre.
- Provide care to patients presenting with minor ailments and minor injuries (Type 3 A&E) and ensure that patients presenting with more serious conditions are rapidly escalated to a Type 1 A&E.
- Ensure that an appropriate clinician is available to complete out of hours home visits within nationally agreed timescales during the commissioned service hours.
- Improve integration with the relevant parts of the local health economy, including primary care, A&E services, and NHS 111, to ensure that patients the most appropriate care for their needs.

The service will consist of an Urgent Treatment Centre and an Out of hours Home Visiting Service.

4.1. Urgent Treatment Centre

4.1.1. Acceptance criteria

The Urgent Treatment Centre will operate as a Type 3 A&E unit for patients presenting with minor injuries and minor illnesses. This will include (but not necessarily be limited to) the conditions set out below.

Minor Injuries:

- Superficial cuts including wound closure (Suturing, stapling, gluing, steri-strips)
- Bruises
- Ear Injury
- Minor eye conditions/infections – conjunctivitis, styes, removal of superficial foreign bodies
- Injury of severity not amenable to simple domestic first aid
- Trauma (minor) to hands, limbs or feet
- Minor Burns and scalds
- Insect, animal or human bites
- Risk of tetanus
- Minor head injuries without loss of consciousness
- X-ray diagnostics for potential fractures and foreign bodies
- Muscle and joint injury
- Sprains and strains
- Back pain and tendonitis
- Suture removal
- Dressings
- Urinalysis
- Nebuliser and oxygen therapy
- ECG
- Plastering
- Physiological Observations (BP, HR, Sp02, Temp, RR, BM, Peak Flow)

Minor Ailments:

- High Temperatures
- Abscesses
- Headaches
- Headaches & dizziness
- Coughs, colds, flu-like symptoms
- Hay fever / allergies
- Ear, nose and throat infections
- Eye care e.g. conjunctivitis, styes, removal of superficial foreign bodies
- Abdominal pain, indigestion, constipation, vomiting and diarrhoea
- Dermatological and skin complaints e.g. rashes, minor allergic reactions, burns, scabies, head lice, sunburn
- Genito-urinary problems e.g. urinary infections, thrush and menstrual problems
- Falls in patient of any age without history of dizziness or blackout
- Breathing problems e.g. asthma
- Chest infections
- UTI

The Urgent Treatment Centre will not treat patients who have an 'emergency' (i.e. potentially life-threatening) condition and those cases must be stabilized and immediately referred to a Type 1 A&E. Examples of conditions which will not be dealt with by the service include:

Conditions Requiring Emergency Care:

- Haemodynamically unstable
- Sepsis
- Significant trauma
- Fluctuating levels of consciousness
- Breathing unsafe
- Acute abdominal pain
- Suspected stroke
- Acute severe headache
- Overdose
- Suspected meningitis
- Cardiac chest pain suspected myocardial infraction or unstable angina
- Status epilepticus
- Sub-arachnoid haemorrhage
- Major burns
- Major Motor Vehicle Traffic Accident (MVTA)

4.1.2. Service specification

The key features of the service specification are:

- A GP-led Type 3 A&E unit open 08.00 – 22.00, 365 (366) days per year.
- Open to patients of all ages.
- An appointment based service. Appointments available via NHS 111 and the A&E streaming services at NSECH / RVI (for North Tyneside patients only).
- Patients with a pre-booked appointment will be seen, treated and discharged within 30 minutes of arrival.
- Patients without a pre-booked appointment (walk-ins) will be seen, treated and discharged within 4 hours of arrival.
- Patients without a pre-booked appointment will be clinically assessed with 15 minutes of arrival and may be offered a booked appointment with a local GP (in the extended access to primary care hubs) or other suitable service, e.g. community pharmacy, as appropriate.
- The service will have access to the following diagnostics on-site at all times:

- D-dimer/XDP
- Troponin
- Blood Monitoring
- Electrolytes (K+)
- Lactate
- Ultrasound or clear referral pathway for ultrasound
- Urine Dipstick

- The service must also provide a minimum of 24 hours per week of on-site radiography (imaging and interpretation) and clear referral pathways for patients who require an x-ray outside of those times.

4.1.3. Integration with other relevant services

Type 1 A&E departments

Patients with emergency care needs will be transferred to a Type 1 A&E via an ambulance or their own transportation.

The Urgent Treatment Centre will also integrate with Type 1 A&E assessment and streaming services to ensure that, wherever possible, patients who attend A&E with an urgent care need can be referred back to a booked appointment in the Urgent Treatment Centre.

Mental health liaison services

Patients with a mental health need could be referred to a number of existing services, including the psychiatric liaison service, crisis service and/or their own GP.

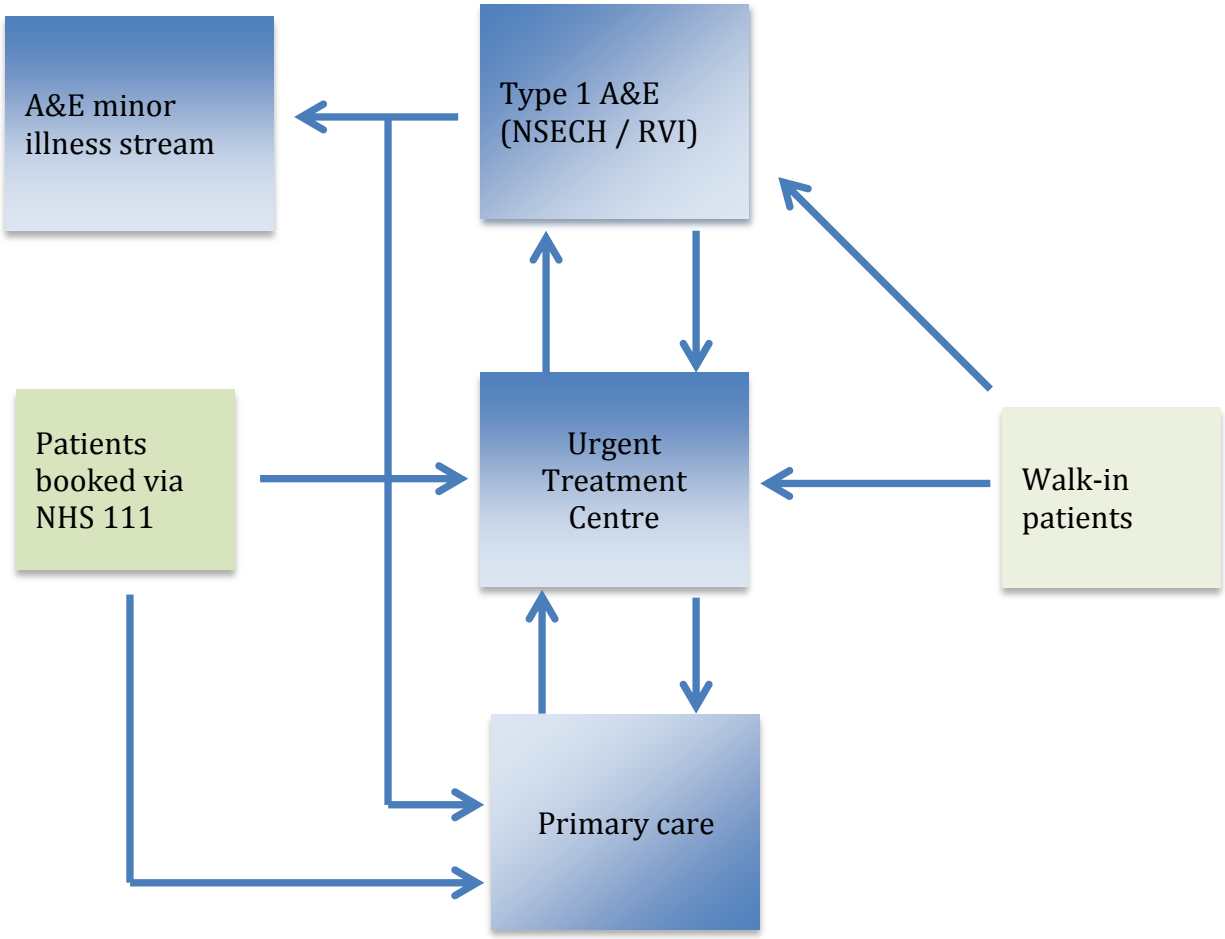
Primary care

Patients who present at the Urgent Treatment Centre with minor ailments should be offered to the opportunity to access the same-day appointments which are being made available to support the extended access to primary care scheme that will begin from September 2017. The CCG will also seek to support the integration of community pharmacies within the local urgent care system.

NHS 111

The Urgent Treatment Centre will be an appointment-based service with the appointment ledger being fully open to direct booking via NHS 111.

The chart below illustrates how the activity will flow between the various parts of the reconfigured urgent and emergency care system.



4.2. Out of Hours Home Visiting Service

The current Out of Hours service consists of three distinct elements:

- Centre visits (booked appointments) at Rake Lane Hospital
- Telephone appointments
- Home visits

By October 2018 the constituent parts of the current service will be replaced with the following:

- Centre visits will be delivered by the Urgent Treatment Centre. The rollout of extended access to primary care services will also provide North Tyneside residents with access to 224 hours of additional clinical time at evenings and weekends.
- Telephone advice and appointments will be delivered by the Integrated Urgent Care Service (commonly referred to 'the clinical hub') in NHS 111. This

service will be commissioned separately as part of the re-procurement of NHS 111 due to take place in early 2018/19.
- The CCG will commission a separate Out of Hours Home Visiting Service to provide North Tyneside residents with access to home-based care at evenings, weekends and bank holidays.

This model is similar to the one currently being implemented in South Tyneside and is based upon the principle of improving patient experience and outcomes through the integration of service delivery. The integration of the disparate elements of in-hours and out of hours urgent care also makes much more efficient use of finite clinical resources and creates financial efficiencies.

4.2.1. Out of Hours Home Visiting Service Specification

The key features of the service specification are:

- The service will operate from 18.30 – 08.00 Monday to Friday and 08.00 – 08.00 on weekends and bank holidays.
- Initial call handling, triage and the booking of appointments will be handled by NHS 111.
- The service will be delivered from an accessible clinical hub.
- A GP-led workforce. Providers must ensure that patients are treated by the clinician best equipped to meet their needs. Where it is clinically appropriate, patients must be able to have a face-to-face consultation with a GP.
- Appointments must be delivered within the timeframes specified by the relevant National Quality Requirements (NQRs).
- Activity dealt with by the Home Visiting Service will include (but not be limited to):
    - Patients with terminal illness
    - Patients who are housebound or have mobility issues that prevent them accessing care in an Urgent Treatment Centre / A&E setting
    - Patients for whom a physical journey could lead to unnecessary deterioration of their condition or unacceptable discomfort
    - When necessary, in accordance with local agreement, to pronounce life extinct
- Clinicians in the Home Visiting Service will have access to the following as a minimum:
    - defibrillator
    - oxygen
    - oxygen saturation monitor
    - nebuliser
    - non-controlled drug box
- The Provider will put in place arrangements to be able to access controlled drugs should these be deemed to be necessary. Practitioners must be up to date with required training in the use of this equipment.
- Clinicians undertaking home visits must be accompanied by a driver who will act as security and support.
- Alliance working arrangements with NHS 111 will be mandated via the service specification and contract.

4.3. Comparison with the previous urgent care procurement

The following table outlines the key differences between the specification for this service and the one which the CCG tried to commission previously.

Original model	New model	Rationale for change
Open to walk-in activity 24/7	Open to walk-in activity between 08.00 and 22.00	Overnight activity levels did not justify the cost of 24/7 opening. The proposed opening hours cover the existing peaks in urgent care activity.
GP on-site 24/7	GP-led. Patients who require a GP appointment must receive one within the nationally specified timeframe (or 4 hours if the patient walks into the service). Staff must have sufficient access to a GP to allow them to see, treat and discharge patients within the required timeframe.	Availability of GPs to staff a 24/7 service and the affordability of doing so.
Radiography services available on-site 16 hours per day, 7 days a week.	A minimum of 24 hours on-site provision per week.	Availability of radiographers to adequately staff the service.
Patients seen, treated and discharged within 2 hours of attending the walk-in centre	Walk-in patients seen, treated and discharged within 4 hours of attending the Urgent Treatment Centre. Patients with a booked appointment seen within 30 minutes of arrival.	Affordability of operating a 2 hour waiting target.
Non-clinical assessment of walk-in patients within 15 minutes of arrival	Clinical assessment of walk-in patients within 15 minutes of arrival	Compliance with NHSE commissioning guidelines.
Contract includes telephone-based appointments during the out of hours period	Telephone-based care during the out of hours period commissioned separately as part of a regional clinical hub	This service will be commissioned via the regional contract for NHS 111 from 2018/19.

5. Activity analysis

The CCG carried out a ward-level analysis of urgent care activity to determine the likely impact of centralising provision on a single site. The following assumptions underpinned this work:

- The results were split into two scenarios looking at the potential impact of a coastal location and a location in the western wards of the borough
- 40% of the minor ailments activity displaced from a closed service will not re-present in the new Urgent Treatment Centre. Evidence from other parts of the country indicates that a significant proportion of patients will be reabsorbed back into primary care or revert to self-care once a conveniently located access point to urgent care is closed.
- Activity displaced from closed services will be reapportioned according to existing patterns of service usage at ward-level.
- Activity levels will increase by 0.5% per annum as a result of demographic pressures.
- The activity forecasts **do not** include any assumptions about the ability of clinical streaming, extended access to primary care, and other service changes to alter the flow of activity into or out of the new service.

The data is shown in the tables below.

WESTERN LOCATION	16/17	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
NTGH	23,528	23,528					
Battle Hill	30,393	30,393					
GP Out of Hours	8,345	8,345					
NSECH	23,646	23,646	25,065	26,569	28,163	29,853	31,644
RVI	12,419	12,419	12,494	12,556	12,619	12,682	12,745
Molineux St	4,021	4,021	4,041	4,061	4,082	4,102	4,123
Westgate Road	486	486	488	491	493	496	498
New UTC			**58,241**	**58,532**	**58,824**	**59,119**	**59,414**
Total	102,838	102,838	100,328	102,209	104,181	106,251	108,424

COASTAL LOCATION	16/17	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
NTGH	23,528	23,528					
Battle Hill	30,393	30,393					
GP Out of Hours	8,345	8,345					
NSECH	23,646	23,646	23,764	23,883	24,002	24,122	24,243
RVI	12,419	12,419	13,164	13,954	14,791	15,679	16,619
Molineux St	4,021	4,021	4,262	4,518	4,789	5,076	5,381
Westgate Road	486	486	515	546	579	614	650
New UTC			**52,945**	**53,209**	**53,475**	**53,743**	**54,011**
Total	102,838	102,838	94,650	96,110	97,637	99,234	100,905

Activity in the Out of Hours Home Visiting Service was calculated by applying a demographic inflator to the baseline figure for 2016/17. As the location of the service

is unlikely to influence the number of people requiring a home visit during the out of hours period, the results are shown on a single table below.

	16/17	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Home Visiting Service	1,626	1,626	1,634	1,642	1,651	1,659	1,667

The activity forecasts indicate that:

- The new Urgent Treatment Centre will receive 52,000 – 58,000 attendances in its first full year of operation.
- Activity levels will depend on the location of the service.
- A coastal location will attract fewer patients and result in higher activity flows into Newcastle-based services.
- A service located in the west of the borough will result in an increase in the number of patients presenting at NSECH with urgent care needs.
- Activity levels will decrease overall as a result of these changes, regardless of where the new service is located.
- There will be no significant change in demand for home visits.

6. Financial analysis

The CCG needs to set a contract value which strikes an appropriate balance between quality, value for money and attractiveness to potential providers. This will be done by applying national tariff prices and local cost indicators to the different elements on the service in order to arrive at an overall financial envelope for the procurement.

The new service will be commissioned on a block contract basis in order to minimise the level of financial risk to the commissioner and encourage the provider to manage demand more effectively. This will be a single contract for both in-hours and out-of-hours urgent care provision that may be held by one provider, or a number of providers working on an alliance basis. The contract will be for three years initially, with an option to extend for a further two years if necessary.

The baseline financial position for the current urgent care system is set out below.

Contract	**Current contract value (£m)**	**16/17 activity levels**	**Unit costs. (£)**
Rake Lane walk-in centre	3.0	23,528	127
Battle Hill walk-in centre	1.1	30,393	36
Out of Hours	1.5	15,592	96
NSECH	4.9	23,646	207
RVI	2.1	12,419	169
Newcastle walk-in centres	0.1	4,507	23
Total	**5.6**		

The data highlights the significant funding disparities that exist between current services and the need to move urgent care onto a footing that is financially sustainable for the CCG and the wider system.

The activity forecasts in Section 4 indicate that the Urgent Treatment Centre element of the service will see 52,000 – 58,000 attendances per annum in its first full year of operation. If the service were funded as a Type 3 A&E unit via a tariff-based contract then the cost of the contract would fall within the range of £3.2m to £3.6m per annum.

The Out of Hours Home Visiting Service will see 1,634 patients in its first full year of operation at an estimated cost of £280 per patient (based on 2017/18 prices). This equates to a total estimated cost of £457,520 per annum.

The cost of providing the service is therefore forecast to be between £3.6m and £4m. On that basis the CCG has opted to set the value of the proposed contract at £3.8m per annum, which represents the mid-point of our forecast estimate.

The CCG will also set aside a contingency fund of £0.6m to offset any increase in tariff-based activity costs that occur as a result of increased patient flows into Type 1 A&E units. The contingency will also be used to cover any other unforeseen costs which may occur as a result of service provision being centralised on a single site.

7. Impact on the local health economy

One of the strategic aims of these proposals is to create a local urgent care system that is capable of facilitating a significant downward shift of low acuity activity into more appropriate clinical settings. In practical terms this means making it easier for patients who have unnecessarily presented at a Type 1 A&E to be directed back to their local urgent care service, whilst also shifting non-urgent primary care activity from the Urgent Treatment Centre back to routine and extended access primary care services.

The following section provides a summary of the anticipated impact of the new service on patients and the other constituent parts of the local health economy.

7.1. Patient population

The new service will provide the residents of North Tyneside with a clear and accessible route into the local urgent care system. The offer of booked appointments should help smooth existing peaks and troughs in activity and reduce waiting times for patients using the service. The financial efficiencies realised from the current system will also improve the sustainability of the local health economy as a whole, reducing the need for further reductions in spending in other areas of the local NHS.

7.2. Type 1 A&E departments

The Integrated Urgent Care Service will help reduce pressures on neighbouring Type 1 A&E departments by providing them with access to booked appointments for patients who present at NSECH and the RVI with minor ailments. This will ensure that the highly specialised clinical resources which are available at our A&Es are reserved for those patients who need them the most, improving the quality and performance of the local health economy.

7.3. Primary care

The Urgent Treatment Centre will integrate with extended access primary care services in order to help spread demand for same-day access across a wider array of local services. The service will also provide an 'overspill' for local GP practices struggling to accommodate requests for same-day appointments and in turn will direct patients with very minor conditions and routine primary care needs back an appointment with their GP.

7.4. Community pharmacies

Community pharmacies are an under-utilised resource within the current urgent care system and could play a much greater role in the management of patients with minor ailments. The CCG hopes to increase integration between the Urgent Treatment Centre, community pharmacies and NHS 111 to ensure that patients with very minor ailments can be safely dealt with in a pharmacy setting.

7.5. Newcastle and Northumberland

The activity forecasts in Section 4 indicate that any change to the local urgent care system is likely to result in an increase in the number of North Tyneside residents travelling out of the borough for urgent care. The CCG has already discussed the various scenarios that are under consideration with are partners in Newcastle and Northumberland and they are aware of the potential consequences of the proposed changes.

8. Market analysis and procurement

8.1. Market Engagement

The aims and objectives of market engagement are:

- Explore service model solutions for delivery of urgent care services
- Assist in the development of service models which are innovative, sustainable, provide equitable access to high quality and safe and effective services at the right time and in the right place
- Gain an understanding of the markets preferred financial and contractual models
- Gain an understanding of the workforce required to deliver services
- Explore how the social, economic and environmental well-being of the North Tyneside area could be improved
- Gain an understanding of the required duration of a suitable mobilisation phase for the service
- Gain an understanding of the capability and capacity of providers interested in delivering the service.

Having already undertaken one complete round of market engagement and procurement, the CCG has already gained a number of insights into market conditions and used these to inform the revised service specification and financial envelope.

8.2. Feedback from providers

The following feedback was gathered from providers during previous rounds of market engagement.

Service Model

- The market shows a good understanding of the rationale for developing a more integrated approach to urgent care services and the particular issues in North Tyneside.
- There are differing attitudes and approaches to the appropriate management of clinical risk in an urgent care setting, with some providers being more open to the idea of redirecting patients to services located off-site.
- There were also differing attitudes towards demand management and particularly the issue of who has responsibility for managing patient expectations and demand. Some providers felt that this sat wholly with the commissioner, whilst others adopted a more collaborative approach.
- All providers were capable of delivering a GP-led multidisciplinary workforce.
- All providers confirmed that they could see, treat and discharge at least 95% of patients within 4 hours.

Premises

- Rake Lane and Battle Hill were both identified as potentially suitable sites for the new service.
- Wallsend Library was also identified as a potentially suitable site.
- Providers without existing access to premises in North Tyneside were willing to enter into partnership agreements with other organisations in order to deliver some or all of the service.

Financial / Contractual Models

- Single provider, prime-provider and partnership-based contractual arrangements were all put forward as possible mechanisms for delivery of the service.
- Providers were generally satisfied with the suggestion of a three year contract with the option to extend for a further two years. However five years plus two years was also put forward by one provider.
- A variety of financial models were suggested, including tariff, a ‘cap and collar’ arrangement and block payments, with various pros and cons associated with each.

- Two providers advised the CCG to adopt a tariff-based model, one suggested a block allocation that was sufficiently generous to mitigate activity risks, and three providers outlined a block and tariff combination.
- Three providers advised that any model adopted should ensure that risk is shared.
- Two providers asked that the CCG should consider the cost implications of setting KPIs i.e. targets for responsiveness may require additional staff.
- One provider suggested that an open procurement was not necessary given the outcome of the original public consultation.

Capability & Capacity

- There is sufficient understanding, level of interest and competition between potential providers within the marketplace
- Providers who participated have experience in delivering urgent care services and four providers currently deliver these within the North East region
- One provider outlined support would be required in respect of workforce planning to ensure recruitment of qualified GPs.
- Support will be required from the CCG for promotion of new services.
- One provider indicated that a single tender action could be justified on the grounds of access to suitable premises.

Mobilisation

- Providers suggested mobilisation periods ranging from 3 to 6 months, with responses being largely dependent on individual circumstances (i.e. whether the provider was already delivering an existing urgent care service in North Tyneside).

Integration

- All providers could advise how integration would be achieved but advised there would be cost implications in achieving interoperability across the North Tyneside area.

8.3. Lessons learned from the previous urgent care procurement

The following learning was also used to inform the development of the new service model:

- The value of the contract has been increased from £3.3m to £3.8m
- The service specification has also been altered to reflect the latest national guidance, reducing the need for comprehensive on-site access to radiography and the continual presence of a GP on-site.
- The accessibility of existing premises will be determined before the procurement starts

- Providers without access to existing premises will be required to submit a joint memorandum of understanding, co-signed by their partner organisation, as part of the compliance and control checks of the procurement process.

8.4. Procurement options

The following table describes the options that are available to the CCG and their suitability in the context of this procurement.

Procurement Process	Description	Consideration
Not to procure	Allow the current provision to expire.	This option would leave a gap in service provision.
Open Procedure (Part B Services – therefore the basic principles of the Open Procedure will be followed to commission this service)	This allows an unlimited number of interested providers to tender against defined parameters. This procedure is open and transparent and is the recommended procedure if low numbers of interested providers are known.	Market engagement exercises have demonstrated a relatively low number of providers who can deliver services, however it does demonstrate that there is sufficient competition to run a competitive procurement process.
Restricted Procedure	This is a two-stage procedure. The first stage allows an unlimited number of interested providers to tender but allows the contracting authority to set the minimum criteria relating to technical, economic and financial capabilities that the suppliers have to satisfy. Following evaluation and short-listing, a minimum of five suppliers (unless fewer qualify) are invited to tender in the second stage.	A longer timescale is required for this process but it is important to use this process if there are a significant number of providers within the market likely to respond. As identified in the market engagement exercises there are a limited number of interested providers.
Competitive Dialogue	This procedure is appropriate for complex contracts where contracting authorities are not objectively able to define the technical means capable of satisfying their needs or objectives, and/or are not objectively able to specify the legal and/or financial make-up of a project. A pre-qualification questionnaire should be completed to select the candidates to participate in the dialogue. The contracting authority enters into a dialogue with bidders to identify and define the means best suited to satisfying	There are lengthy and variable timescales associated with this process. There is a known service model and evidence from potential providers that this could be delivered through market engagement exercises.

Procurement Process	Description	Consideration
	their needs. The dialogue may be conducted in successive stages with the remaining bidders being invited to tender. Must consider if there is any reason (artistic or technical expertise or the need to protect exclusive rights) that warrants the contract being carried out by a particular person or authority - If no: competitive dialogue, if yes: negotiated procedure may be considered.	
Negotiated Procedure	The Negotiated Procedure is sometimes referred to as a single tender action where a contract is awarded to a provider without competition. Although it is not a term that is defined in the EU Directives or UK Regulations, Regulation 14 of The Public Contracts Regulations 2006 refer to the "negotiated procedure without prior publication of a contract notice" (see para 5.1). This allows a contracting authority to depart from the Regulations' usual obligations on open competition and transparency and negotiate a contract directly with one or more providers. **Its use is limited to a few defined circumstances in which it is considered strictly necessary.** If the negotiation is being conducted with one provider then this is in effect a single tender action.	Justification on the decision to award without open competition is critical for audit purposes and to overcome challenges that there are no other providers within the market with capability and capacity to provide the required service. Through market engagement and analysis a number of providers have been identified. There are no compelling reasons for the CCG not to invite competitive tenders.

8.5. 'Open' versus 'closed' procurement

During the previous rounds of market engagement it was suggested that the CCG run a closed procurement process with the owner of the Rake Lane site on the grounds that the consultation had identified that as the public's preferred location for a new urgent care service.

The CCG obtained the following legal advice on this matter:

- The CCG must comply with public sector procurement regulations which state that "contracts should be awarded in a way which is fair, transparent, and achieves value for money. This should be achieved through competitive tendering process, unless there are compelling reasons not to do so."
- The outcome of the consultation does not constitute a compelling reason to exclude other potential providers from bidding to deliver the service.
- The CCG should therefore seek to commission the service from any suitable site in North Tyneside.

- Failure to carry out a competitive tender could be construed as anticompetitive behaviour and expose the CCG to the risk of legal challenge.
- The CCG should write to the owners of the existing urgent care centres to ascertain whether they are willing to allow other providers to bid to deliver services from their premises.

9. Recommendations

Although the CCG failed to secure a new urgent care service in 2017/18 the rationale for carrying out a re-procurement remains sound. The local urgent care system is still confusing for patients, financially unsustainable and makes poor use of limited clinical resources. It is therefore necessary for the CCG to press ahead with a second round of procurement in order to secure as many of its original objectives as possible.

CCG Governing Body is asked to approve the following:

- North Tyneside CCG will decommission the existing urgent care services at Rake Lane, Battle Hill, and the Out of Hours service from 30th September 2018.
- These services will be replaced by an Integrated Urgent Care Service consisting of an Urgent Treatment Centre and an Out of Hours Home Visiting Service from 1st October 2018.
- The contract will be awarded for three years (with the option to extend for a further two years) at an annual value of £3.8m.
- The contract will be awarded by a competitive procurement.
- The CCG will specify that the service can be provided from any suitable location in North Tyneside. The location of the service will therefore depend on the outcome of the procurement and the chosen site of the winning bidder.

10. Related documents

North Tyneside Integrated Urgent Care Service Specification

Integrated Urgent Care Procurement Evaluation Strategy

Engagement Strategy

Right Care, Time & Place – Lessons Learned

NHS
North Tyneside
Clinical Commissioning Group

Impact assessment of the suspension of overnight access to urgent care services at North Tyneside General Hospital – October 2018

1. Background

Northumbria Healthcare initiated the suspension of overnight access to urgent care services at North Tyneside General Hospital ('Rake Lane') in December 2016. The trust argued that the service was poorly utilised between 24.00 – 08.00 and that more effective use of the clinical workforce could be made if provision was centralised at NSECH during the overnight period. This was part of a wider reconfiguration which resulted in urgent care services in Hexham, Wansbeck and North Tyneside being closed overnight.

In late September 2017, Northumberland CCG announced that it planned to re-introduce overnight urgent care services in Hexham and Wansbeck from 30th October 2017. North Tyneside CCG declined to follow Northumberland's decision on the grounds that:

- The Urgent Care Service at Rake Lane Hospital was not well-used during the overnight period.
- The CCG could not justify a decision to withdraw clinicians from front-line A&E services in order to staff an under-utilised walk-in service which only deals with minor conditions.
- The CCG is no longer proposing to commission 24 hour walk-in access as part of the new Integrated Urgent Care Service for North Tyneside.

2. Utilisation of urgent care services in North Tyneside during the overnight period

North Tyneside CCG uses the Secondary Uses Service system (SUS) to monitor the volume and types of clinical activity presenting at local A&E departments and urgent care centres. The following tables show the average number of North Tyneside urgent care attendances per hour at Rake Lane Hospital, the Northumbria Specialist Emergency Care Hospital (NSECH) and the Royal Victoria Infirmary (RVI) between 23.00 and 08.00.

Table 1 shows the average number of attendances per hour at North Tyneside General Hospital (Rake Lane) in the 6 months prior to the suspension of overnight access in December 2016.

Table 1 - Average attendances per hour at NTGH 01/06/16 - 30/11/16							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	0.56	0.83	0.78	0.94	0.53	0.82	0.76
00	0.22	0.33	0.22	0.24	0.76	0.29	0.24
01	0.06	0.28	0.33	0.00	0.35	0.18	0.47
02	0.11	0.06	0.22	0.18	0.12	0.24	0.12
03	0.11	0.06	0.11	0.18	0.18	0.35	0.00
04	0.11	0.00	0.11	0.18	0.06	0.00	0.29
05	0.06	0.22	0.11	0.06	0.35	0.18	0.24
06	0.17	0.33	0.50	0.29	0.12	0.24	0.29
07	1.44	1.39	1.56	1.59	1.47	1.12	1.53
Total average attendances per night	**2.83**	**3.50**	**3.94**	**3.65**	**3.94**	**3.41**	**3.94**

Table 2 shows the average number of attendances per hour by North Tyneside residents with urgent care needs at NSECH in the 6 months prior to the suspension of overnight access to walk-in services at Rake Lane in December 2016.

Table 2 - Average attendances per hour at NSECH 01/06/16 - 30/11/16 NORTH TYNESIDE RESIDENTS ONLY							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	1.33	0.72	0.83	0.71	0.82	0.71	0.41
00	0.72	0.22	0.56	0.41	0.47	0.29	0.94
01	0.22	0.61	0.56	0.29	0.76	0.24	0.59
02	0.28	0.44	0.44	0.24	0.53	0.29	0.71
03	0.11	0.33	0.44	0.18	0.65	0.47	0.59
04	0.33	0.22	0.17	0.18	0.12	0.41	0.41
05	0.11	0.17	0.61	0.35	0.47	0.29	0.53
06	0.28	0.39	0.28	0.35	0.35	0.12	0.12
07	0.39	0.56	0.50	0.35	0.53	0.35	0.35
Total average attendances per night	**3.78**	**3.67**	**4.39**	**3.06**	**4.71**	**3.18**	**4.65**

Table 3 shows the average number of attendances per hour by North Tyneside residents with urgent care needs at NSECH in the 6 months after the suspension of overnight access to walk-in services at Rake Lane in December 2016.

Table 3 - Average attendances per hour at NSECH 01/12/16 - 31/05/17 NORTH TYNESIDE RESIDENTS ONLY							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	0.92	0.81	0.92	1.16	0.69	0.81	1.31
00	0.54	0.58	0.88	0.52	0.54	0.23	1.12
01	0.42	0.54	0.50	0.52	0.42	0.65	0.62
02	0.42	0.31	0.62	0.28	0.54	0.31	0.69
03	0.35	0.27	0.27	0.20	0.23	0.46	0.69
04	0.27	0.19	0.38	0.24	0.50	0.46	0.54
05	0.35	0.23	0.42	0.32	0.23	0.35	0.31
06	0.38	0.46	0.15	0.16	0.42	0.15	0.42
07	0.54	0.31	0.46	0.68	0.35	0.35	0.31
Total average attendances per night	**4.19**	**3.69**	**4.62**	**4.08**	**3.92**	**3.77**	**6.00**

Tables 4 and 5 show the same data for North Tyneside urgent care attendances at the RVI

Table 4 - Average attendances per hour at RVI 01/06/16 - 30/11/16 NORTH TYNESIDE RESIDENTS ONLY							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	0.89	0.56	0.83	0.82	0.65	0.82	1.06
00	0.89	0.61	0.61	0.29	0.29	0.29	0.82
01	0.50	0.56	0.61	0.12	0.47	0.59	0.41
02	0.22	0.44	0.17	0.35	0.41	0.47	0.35
03	0.22	0.28	0.50	0.65	0.18	0.41	0.53
04	0.17	0.33	0.17	0.18	0.18	0.29	0.53
05	0.06	0.22	0.33	0.18	0.12	0.41	0.18
06	0.28	0.17	0.17	0.29	0.18	0.18	0.12
07	0.00	0.22	0.50	0.59	0.24	0.18	0.35
Total average attendances per night	**3.22**	**3.39**	**3.89**	**3.47**	**2.71**	**3.65**	**4.35**

Table 5 - Average attendances per hour at RVI 01/12/16 - 31/05/17 NORTH TYNESIDE RESIDENTS ONLY							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	0.54	0.65	0.77	0.60	0.65	1.00	0.38
00	0.73	0.88	0.73	0.56	0.42	1.15	0.96
01	0.81	0.31	0.58	0.48	0.54	0.58	0.58
02	0.35	0.23	0.23	0.44	0.50	0.54	0.50
03	0.19	0.19	0.19	0.08	0.31	0.19	0.58
04	0.27	0.27	0.31	0.28	0.27	0.23	0.46
05	0.19	0.19	0.19	0.24	0.31	0.12	0.42
06	0.15	0.27	0.23	0.04	0.08	0.12	0.23
07	0.12	0.08	0.42	0.36	0.35	0.19	0.27
Total average attendances per night	**3.35**	**3.08**	**3.65**	**3.08**	**3.42**	**4.12**	**4.38**

A total of 763 patients used the urgent care service at Rake Lane Hospital between 23.00 – 08.00 between June 2016 – December 2016. Overnight attendances accounted for 5% of the total activity dealt with by the service during this period. 483 of those patients (63%) required either no medical investigation or treatment, or only the most basic forms of healthcare (e.g. provision of written advice, booster inoculation, oral administration of medication, application of steristrips). 316 (41%) of the 763 patients who attended the walk-in service at Rake Lane during the overnight period were referred on to other services, including A&E and fracture clinics located at the hospital sites in Cramlington and Newcastle.

The next table shows the total volume of activity referred to the North Tyneside GP Out of Hours Service during the period June 2016 – May 2017. Out of hours activity is collected via a different reporting system and therefore it is not possible to provide an hourly breakdown of activity. This data includes all activity seen by the service between 18.30 – 08.00 on weekdays and 08.00 – 08.00 at weekends. It is therefore not directly comparable to the hospital datasets shown above which only relate to overnight activity.

Table 6 North Tyneside GP OOH service activity			
Month	Telephone Advice	Home Visits	Centre Visits*
Apr-16	457	124	635
May-16	483	160	764
Jun-16	440	136	618
Jul-16	476	146	700
Aug-16	456	120	605
Sep-16	452	129	618
Oct-16	497	164	697
Nov-16	437	115	654
Dec-16	555	164	918
Jan-17	512	156	792
Feb-17	429	115	663
Mar-17	427	97	681
Apr-17	590	164	842
May-17	534	197	658

*Centre visits (face-to-face appointments with a healthcare professional) are available from 18.30 to 23.00 on weekdays and 08.00 – 23.00 at weekends.

3. Impact analysis

The data indicates that:

- Rake Lane urgent care centre dealt with an average of 3.6 attendances per evening between 23.00 – 08.00 in the six months prior to December 2016.
- 63% of the people using the service required only the most basic forms of investigation and / or treatment or no treatment at all.
- In the six months after overnight suspension of the Rake Lane service came into effect, the average number of North Tyneside residents presenting at NSECH with urgent care needs has increased by 0.4. This is equivalent to 1 extra patient every 2-3 days arriving at an A&E department which typically receives around 300 attendances per day.
- There is no evidence to suggest that overnight closure has had any impact on the provision of A&E services in Newcastle, with the average number of North Tyneside urgent care attendances at the RVI increasing by 0.08 in the six months after December 2016. This is equivalent to 1 additional North Tyneside patient arriving at the RVI every 20 days and is well within the bounds of normal demographic activity growth.
- The average number of North Tyneside patients accessing the North Tyneside Out of Hours Service also increased during the six months after walk-in access to the urgent care centre at Rake Lane Hospital was suspended in December 2016. The average number of patients accessing telephone based appointments with a healthcare professional increased by 1.6 per day, while the average number of clinician home visits increased by 0.4 per day. However it should be noted that an hourly breakdown of out of hours activity is not available and therefore these figures represent all clinical activity dealt with by the service between 18.30 – 08.00 and weekdays and 08.00 – 08.00 at weekends and bank holidays. It is therefore not possible to determine whether there is a direct correlation between the removal of walk-in

services between 23.00 – 08.00 and a rise in the number of people accessing the Out of Hours Service.

4. Impact of the implementation of North Tyneside Integrated Urgent Care

The CCG is proposing to commission a revised model of integrated urgent care which does not include 24 hour *walk-in* access to a single Urgent Treatment Centre.

Under the proposed model, walk-in access to the North Tyneside Urgent Treatment Centre would cease at 22.00 instead of 24.00. The current walk-in service at Rake Lane Hospital sees an average of 1.6 patients per evening between 22.00 and 24.00.

The evidence set out above would suggest that only 10% of the patients currently accessing urgent care services in North Tyneside on a walk-in basis are likely to be displaced to A&E once the proposed changes come into effect. This equates to an additional 60 A&E attendances per year, split across 2 A&E sites which typically deal with an average of 300 attendances per day. The remaining 90% of patients will either access the Urgent Treatment Centre earlier in the day, be absorbed into existing out of hours provision, or practice self-care.

5. Conclusion

- There is no evidence to suggest that the overnight closure of urgent care service at Rake Lane has had a detrimental impact on clinical standards across the local health economy or placed undue additional pressure on other services.
- The number of patients using the urgent care centre during the overnight period was extremely small and often involved only the most minor of healthcare needs.
- In the six months after overnight closure was introduced there appears to have been a net reduction in the total volume of urgent care activity occurring in North Tyneside during the hours between 23.00 and 08.00.
- This pattern is typical of those seen elsewhere in the region following the closure or suspension of services and suggests that a significant proportion of overnight attendances were driven by discretionary factors rather than clinical need.
- As a consequence of the closure patients appear to be accessing local urgent care services earlier in the day, making better use of the Out of Hours Service, or practicing self-care.
- It should also be noted that patient satisfaction data collected by both the NHS and Healthwatch indicates that the number of complaints relating to urgent care services appears to have dropped in the first six months of 2017.
- Further qualitative data on the impact of service closure will be collected as part of the planned patient survey.

- There is no evidence to suggest that the proposed plans to replace the two existing urgent care centres in North Tyneside with a single Urgent Treatment Centre open from 08.00 – 22.00 will result in significant numbers of patients being displaced to services located out of the borough.

Mathew Crowther
Commissioning Manager
October 2017