

Urgent Care Reprourement Strategy

Right Care, Right Place, First Time

Longer, healthier lives for
all the people in Croydon

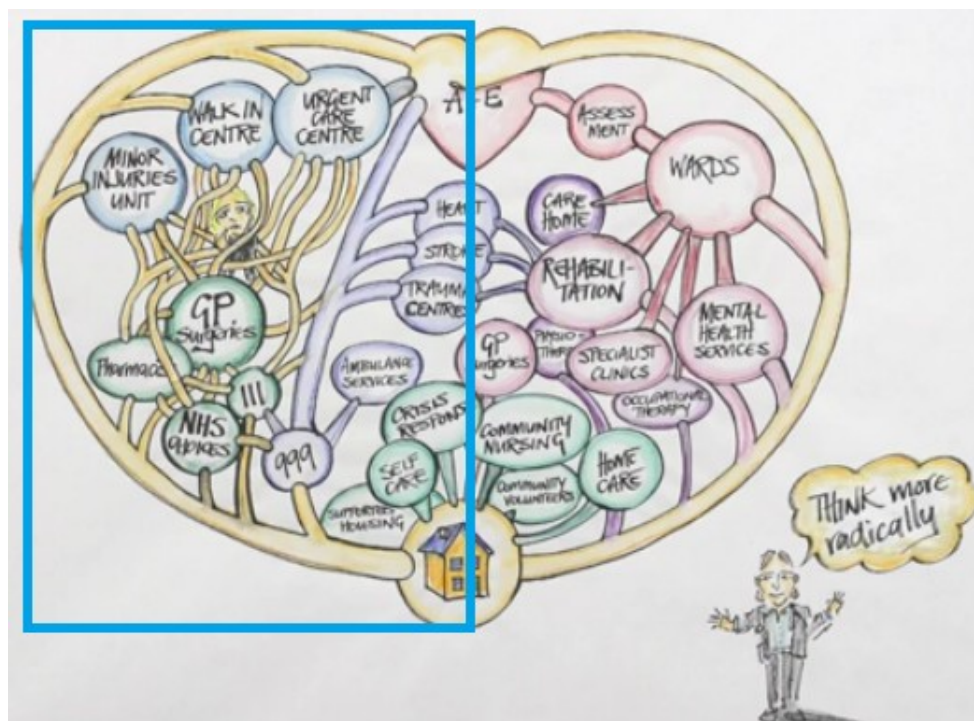


The case for change

- National vision - need fundamental redesign of how urgent care is accessed
- Opportunity to review and improve urgent care to meet the needs of local people
- Contracts for current Croydon urgent care services expire on 31st March 2017
- Part of five year plan to improve safety, quality and affordability of healthcare across south London facing same financial, staffing and population challenges;
- Moving focus to more prevention, self-care and shared decision making; improving access; right care at the right place and greater intervention and treatments by GP and community services
- Formalised into our Urgent Care Re-procurement formalised in September 2015



Our aim is to reduce complexity and confusion and maximise patient care at the right place, first time



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We need a system which is safe, sustainable and that provides consistently high quality care.

Vision:

- For those people with **urgent care needs** we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.



Review of Urgent Care in Croydon will include:

- Urgent Care Centre
- Minor Injury Units
- Walk- in Centre
- GP out of hours




Current model – what we have now

(referred to as Option 2 in our Public Engagement Document)

Option 2

What we have now



- H** Croydon University Hospital
- UCC** Urgent Care Centre 24/7
- GPOOH** GP Out Of Hours
- MIU** Minor Injuries Unit
- WIC** Walk-in Centre
-  East Croydon Station

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Facts: local use of current urgent and emergency care

- Urgent and emergency care use has decreased overall, and in most wards
- Annually there are approximately 60,000 calls to 111 service from Croydon residents
- Use of urgent care is linked to areas of deprivation
- Population growth in Croydon borough varies between wards
- Pharmacies and GP practices are concentrated in the north of the borough
- Croydon providers deliver the majority (90%) of urgent care



Facts: local use of current urgent and emergency care

- Patients mainly use urgent care between 7am and 10pm.
- Peak times are around midday and early evening – tapering off from 8pm.
- Weekends are busier.
- Most people use urgent care for minor injuries and minor illness



Developing our options

- Future service models were developed based on key principles detailed in national guidance, local needs, patient and public comments and health professionals' advice.
- Service models had originally considered 8 scenarios. A further scenario was proposed by the public which was also considered. All nine scenarios went through a detailed modelling exercise.
- All nine scenarios developed include a 24/7, 365 days a year Urgent Care Centre, supported by services that include additional Urgent Care Centres, extended GP practice opening and 365 day GP hubs with minor injury services.



Key criteria

The CCG has developed and considered nine scenarios through further engagement with stakeholders, patients and the public and measured these scenarios against key criteria:

- Improving access in areas of demand
- Workforce
- Affordability and value for money
- Safety and quality
- Estates availability
- Current demand and need
- Meet national standards

Details on the modelling can be found on: www.croydonccg.nhs.uk/urgentcare

Unfortunately the scenario put forward by the public did not reach the minimum requirements under affordability or national standards



Options for future Urgent Care services

All three options include a 24/7 365 day Urgent Care Centre and GP out of hours service supported by:

- **Option 1**

Three GP hubs, in the vicinity of existing services, open 8am-8pm, 365 days a year.

- **Option 2**

Is the current urgent care service model.

- **Option 3**

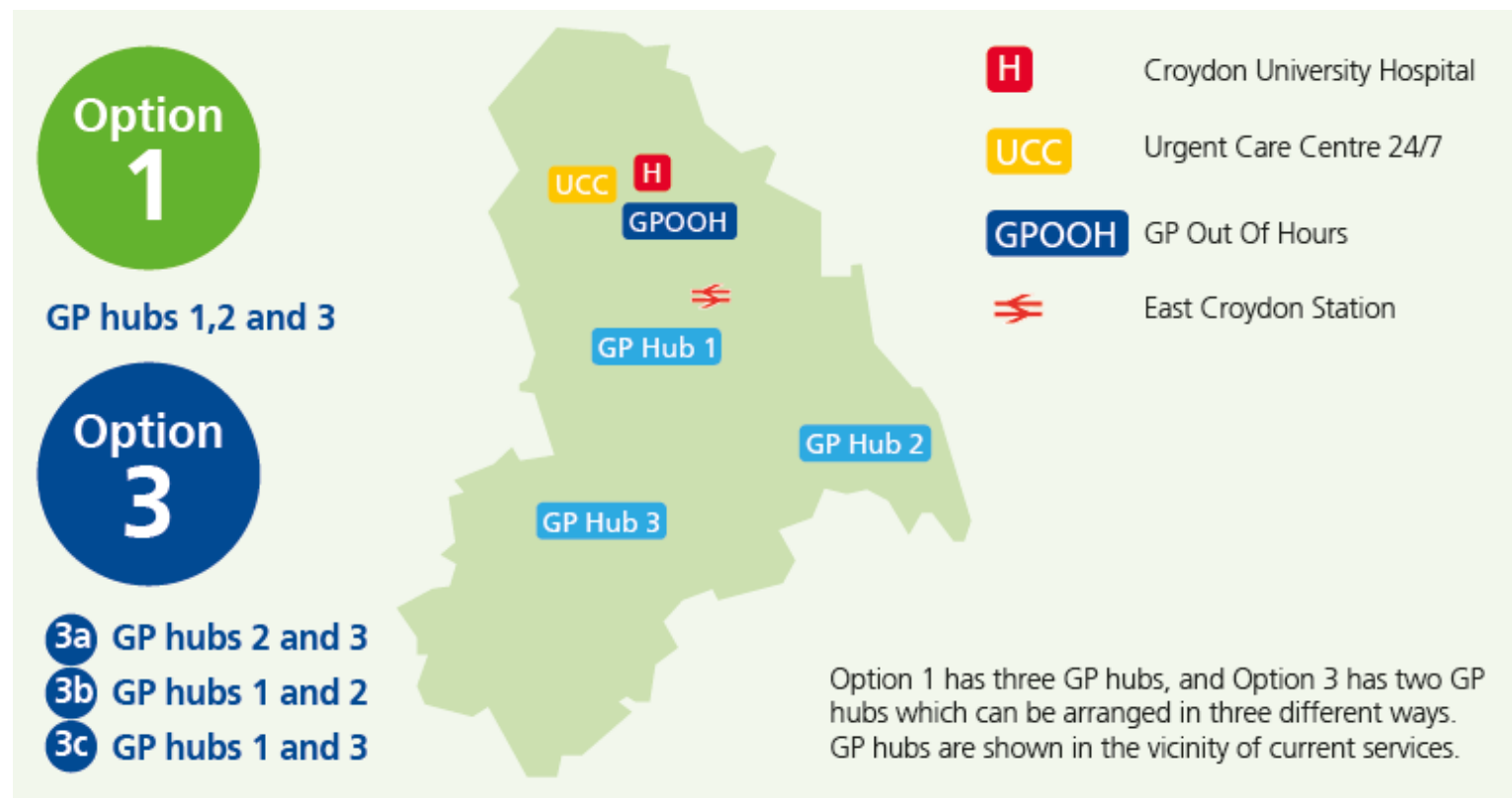
Two GP hubs, in the vicinity of existing services, open 8am-8pm, 365 days a year.

These two GP hubs to be located in the vicinity of two of the three existing services.

(as shown on the map)



Map Showing GP hubs



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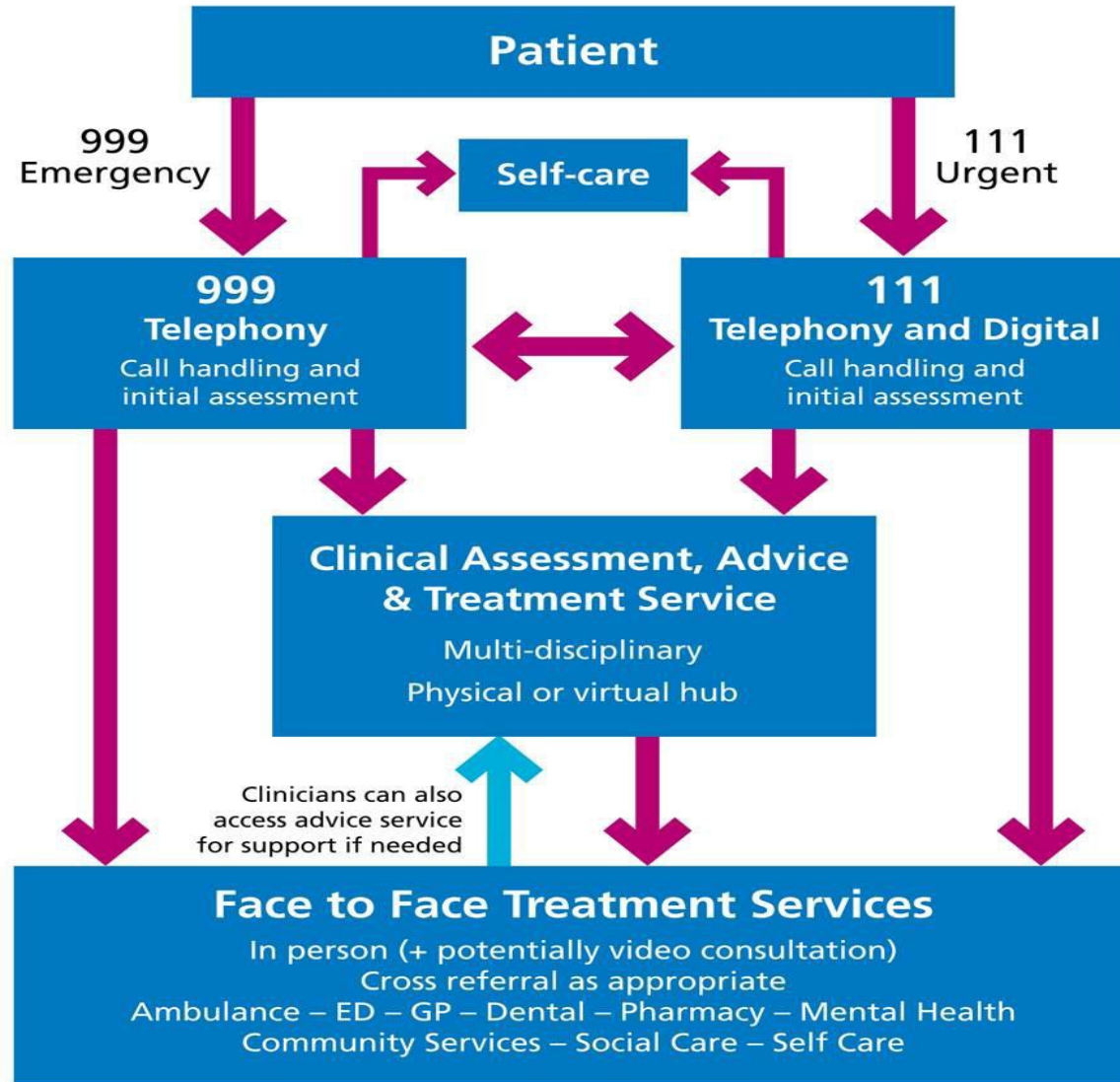
Extra support at GP hubs

Service	You can see a GP or nurse	You can book appointment	You can walk-in/no appointment	Can see your records	Will give telephone advice	Can treat minor injuries	Can treat minor illnesses
Walk-in Centre 8am - 8pm	✓	✗	✓	✗	✗	✓	✓
Minor Injury Units 2pm - 8pm	✓	✗	✓	✗	✗	✓	✗
GP hubs 8am - 8pm (proposed to replace the services above)	✓	✓	✓	✓	✓	✓	✓

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**Functionally Integrated
Urgent Care Commissioning
Strategy**



Impact on residents – we aim to:

- Meet local urgent care need
- Extend services - not reduce them
- Improve accessibility of services
- Promote prevention, and support self care and self management
- Provide and support the right care in the right place, first time and reduce unnecessary burden on inappropriate services e.g. A&E
- If locations change, services will be offered in the vicinity of existing services, access overall will be improved and the range of services expanded

Taking into account the modelling criteria and impact on residents our preferred option is **Option 1**



What have the public and professionals already said we need?

- Improved awareness, signposting and clear descriptions of the different services available;
- Greater campaigns to inform the public;
- More knowledge and education of self-care, prevention and the public taking responsibility for their health;
- High quality services, improved GP access, extended opening times (7 days), walk in facilities and more appointments and resources in the community;
- Need for increased use of services such as pharmacies, use of new technologies, telephone consultations, sharing of records and coordination of care.



Public events so far

- Six events held between Dec 2014 – March 2015
- Feedback informed scenarios created based on national requirements, local usage and local public and clinical engagement
- Strong focus on services in the community delivered by local clinicians
- We have developed scenarios that provide wide access but also support self-care and prevention



Future engagement

- Wide ranging engagement between Nov – Jan involving:
 - Community meetings and drop in clinics across the borough
 - Information and survey – paper / online
 - Deliberative events to reach seldom heard groups
 - Partnership working with key interest groups
- Focus on those impacted the most : parents, young people, low income households, BME communities, mental health service users
- Inclusive, proportionate and transparent



Timetable

- Dec 2014 – March 2015 Engagement with public and providers
- Sept 2015: Strategy agreed by Governing Body
- Sept 2015: Co-design workshop
- Nov 2015 – Jan 2016: Wider engagement with patients and public
- Feb 2016: Decision by Governing Body on final model
- February and March 2016: Feedback with patients and the public
- Jan – March 2016: Procurement process
- March – April 2016: Planning and service migration
- April 2016: Award contract
- April 2017: New service to commence



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