



Adults and Health Select Committee 13 June 2019

Urgent Care in Surrey Heartlands

Purpose of report:

To brief the Adults and Health Select Committee (AHSC) of Surrey County Council, as the relevant Scrutiny Committee, on the following areas relating to Urgent Care in Surrey Heartlands.

Introduction:

- 1) This paper has been produced by North West Surrey CCG and Guildford and Waverley CCG to outline their progress to date and future plans for developing proposals on Urgent Care (and where appropriate Out-of-Hospital Care) in their respective geographies.
- 2) Both proposals are in their formative stages, and no decisions have been made by either CCG. However, Urgent Care is an area of significant change across the NHS and this paper seeks to provide an overview of the changes underway so that the Committee is able to understand the context of any proposals.
- 3) Finally, engagement with the public and local clinicians has been, and will continue to be, a cornerstone of the CCGs' approach. This paper identifies the approach adopted by both CCGs to develop proposals, explaining how various stakeholders are involved in the development of proposals

Commissioning of Care in Surrey and Surrey Heartlands

- 4) There are six Clinical Commissioning Groups (**CCG**) covering the population of Surrey:¹

¹ Health and Social Care Act (2012)

- i) Guildford and Waverley CCG;
 - ii) North West Surrey CCG;
 - iii) Surrey Downs CCG;
 - iv) East Surrey CCG;
 - v) North East Hants & Farnham CCG; and
 - vi) Surrey Heath CCG;
- 5) In April 2017 Surrey Heartlands Health and Care Partnership was established. It is now known as an Integrated Care System (**ICS**). The ICS comprises eleven health and care organisations and includes three of the Surrey CCGs, which now share an executive body with a single, Joint Accountable Officer.²
- i) Guildford and Waverley CCG;
 - ii) North West Surrey CCG; and
 - iii) Surrey Downs CCG.
- 6) Functions, such as the commissioning of Urgent Care, have continued to be commissioned by each CCG on an individual basis. The following factors informed this decision:
- i) The clinical development of Urgent Care to meet national criteria (see box below) is at different points within each of the three Surrey Heartlands CCGs;
 - ii) Patient flows are for the most part local within each Surrey Heartlands CCG; and
 - iii) Urgent Care needs to respond to the different health needs of each locality: as a result, one approach across the three CCGs would not address local needs.
- 7) Since the development of Surrey Heartlands Health and Care System (**ICS**), NHS England has asked there to be further integration between CCGs, local authorities and providers of health and care. As a result, Surrey Heartlands has three Integrated Care Partnerships (**ICP**) based upon the three CCG footprints:
- i) Guildford and Waverley ICP;
 - ii) North West Surrey ICP; and
 - iii) Surrey Downs ICP.

² A further Surrey Heartlands Devolution Agreement was signed in 2018 committing to further devolution of responsibility to Surrey Heartlands and reflecting the rapid progress that had been made.

- 8) Certain functions are delivered at scale across the entire Surrey Heartlands geography i.e. the commissioning of mental health care, children's services, continuing healthcare, learning disabilities and workforce development. The ICPs have then been established to provide a framework to support integrated care at a local level. Each of our ICPs are developing within existing CCG boundaries – (Guildford & Waverley, North West Surrey and Surrey Downs) - building on existing relationships and natural patient flows. There is representation from NHS bodies, borough councils and the county council.
- 9) The three Surrey Heartlands ICPs will play an increasingly important part in commissioning decisions. However, without changes to the current regulations, the three Surrey Heartlands CCGs each retain their statutory responsibilities.
- 10) East Surrey CCG is not part of the Surrey Heartlands ICS. However, following ongoing discussions with East Surrey partners (East Surrey CCG, Surrey and Sussex Healthcare Trust and First Community Health and Care) they have started working more closely with the Surrey Heartlands system from April 2019.
- 11) East Surrey CCG has been developing its own proposals on Caterham Dene Hospital Minor Injuries Unit and will be engaging with all relevant health scrutiny committees to oversee the Sussex and East Surrey wide proposals, of which Caterham Dene Hospital Minor Injuries Unit forms a part. The proposals for Caterham Dene form part of a wider Sussex and East Surrey transformation programme reflecting patient flows. Joint messages have been developed to support these local conversations, setting out strategic intent in a consistent way.
- 12) Given it is a part of the Sussex and East Surrey transformation programme, this report will not consider further Caterham Dene Minor Injuries Unit. However, East Surrey CCG will attend the June AHSC meeting to support the wider Surrey Heartlands programme, recognising the interdependencies across both models to deliver consistent patient pathways.

Urgent Care Surrey Heartlands

13) The NHS³ makes a distinction between what is seen as Urgent Care and what is classified as Emergency Care. This distinction is important in terms of the services that are provided and the types of patients that can be managed in these services. Figure 1 below provides an overview of each, along with a summary of what is included in 'Out of Hospital Care'. GP out-of-hours, and some same day, services are included in both Urgent Care and as part of the wider configuration of Out of Hospital Care.

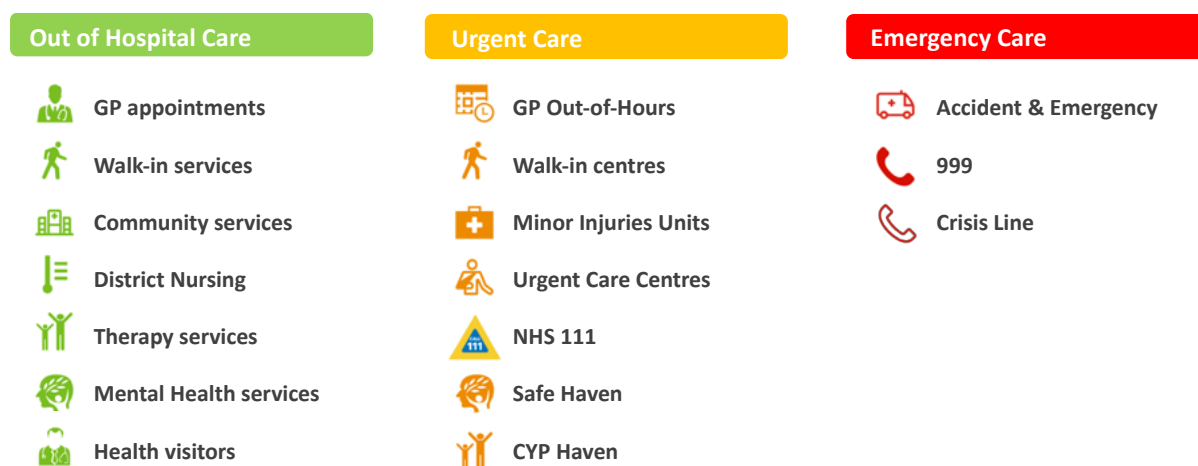


Figure 1 – Emergency Care / Urgent Care / Out of Hospital Care

14) Urgent Care⁴ is delivered by a wide range of different providers including GP Practices, Community Providers and Acute Providers. The following table lists the types of clinical services that are commissioned by the three Surrey Heartlands ICP CCGs:

Service Type	Description
Urgent Treatment Centres (UTC)	Provide urgent-care walk-in services, including diagnostics. GP led. Specification is nationally defined by NHS England

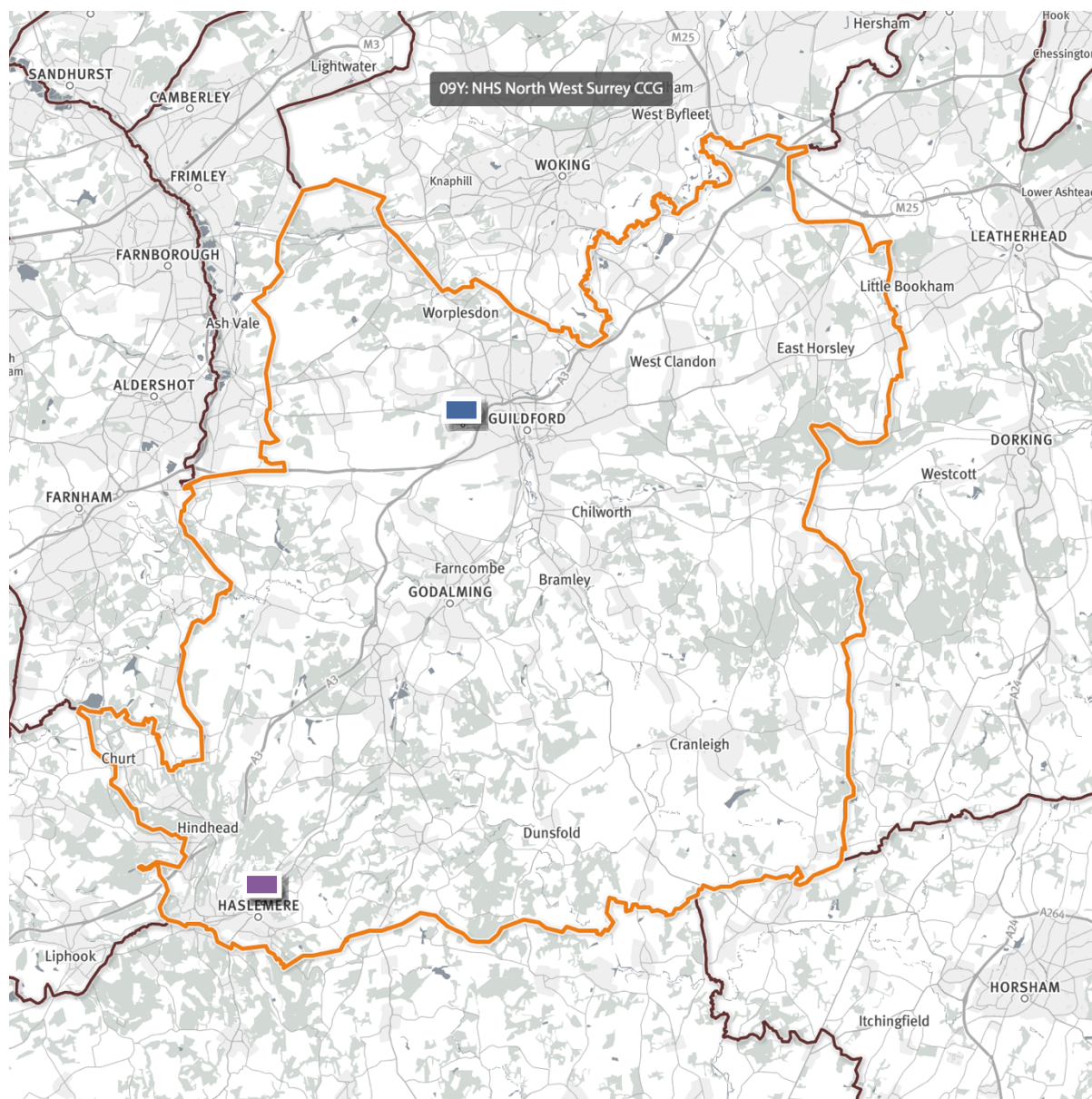
³ Transforming Urgent and Emergency Care Services in England, NHS England (2013)

⁴ Accident and Emergency Departments are not defined as Urgent Care and are not included in this report

Minor Injury Units (MIU)	Provides a minor injury service, which is primarily Nurse led, and may have some limited support from a GP.
Walk-In Centre (WIC)	Provides a minor injury and illness service, which is nurse led.

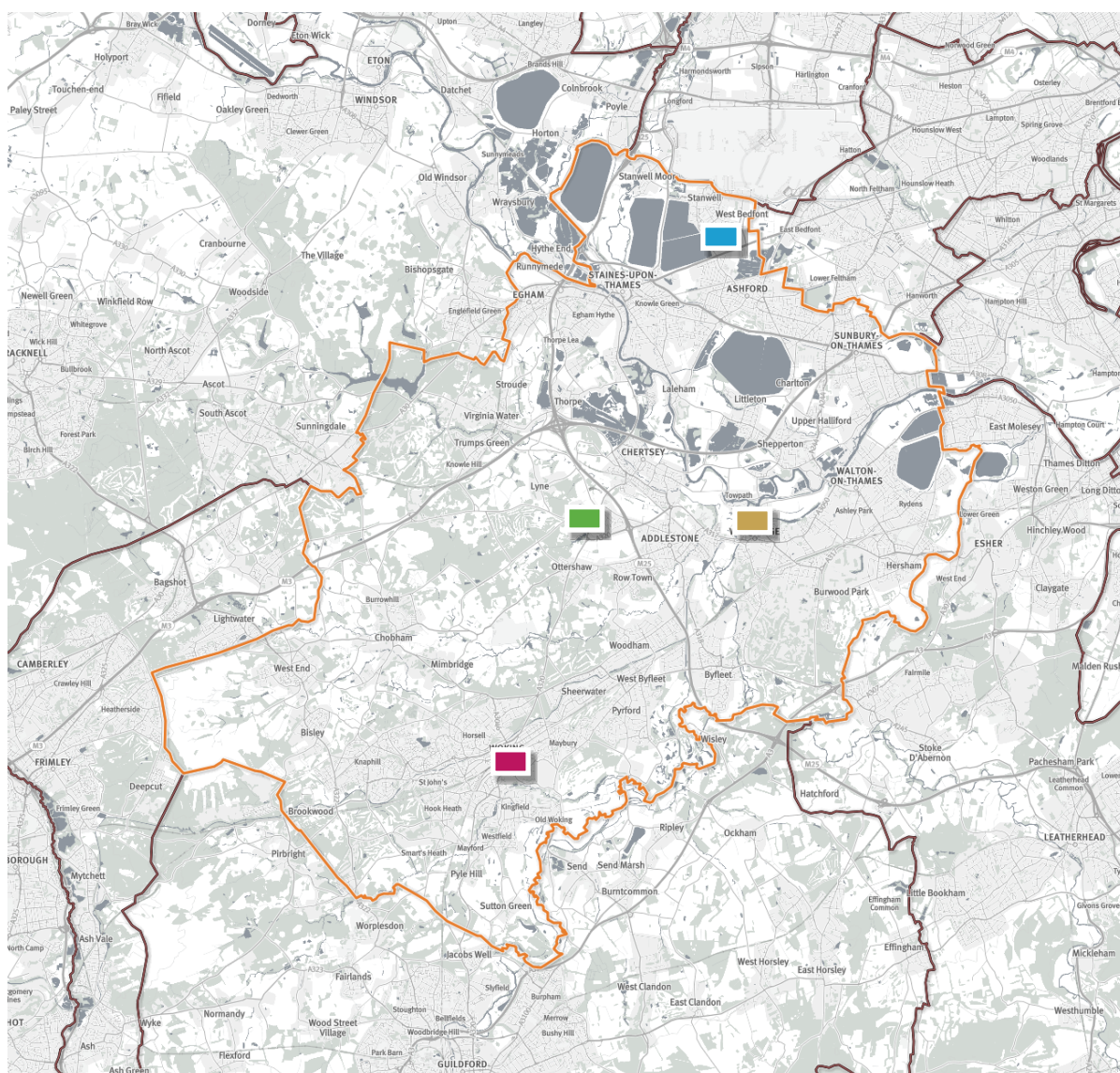
Table 1 - Service Type / Description

15) The following three maps set out the location of Urgent Care provision within Surrey Heartlands and **Annex A** provides further detail on attendances.



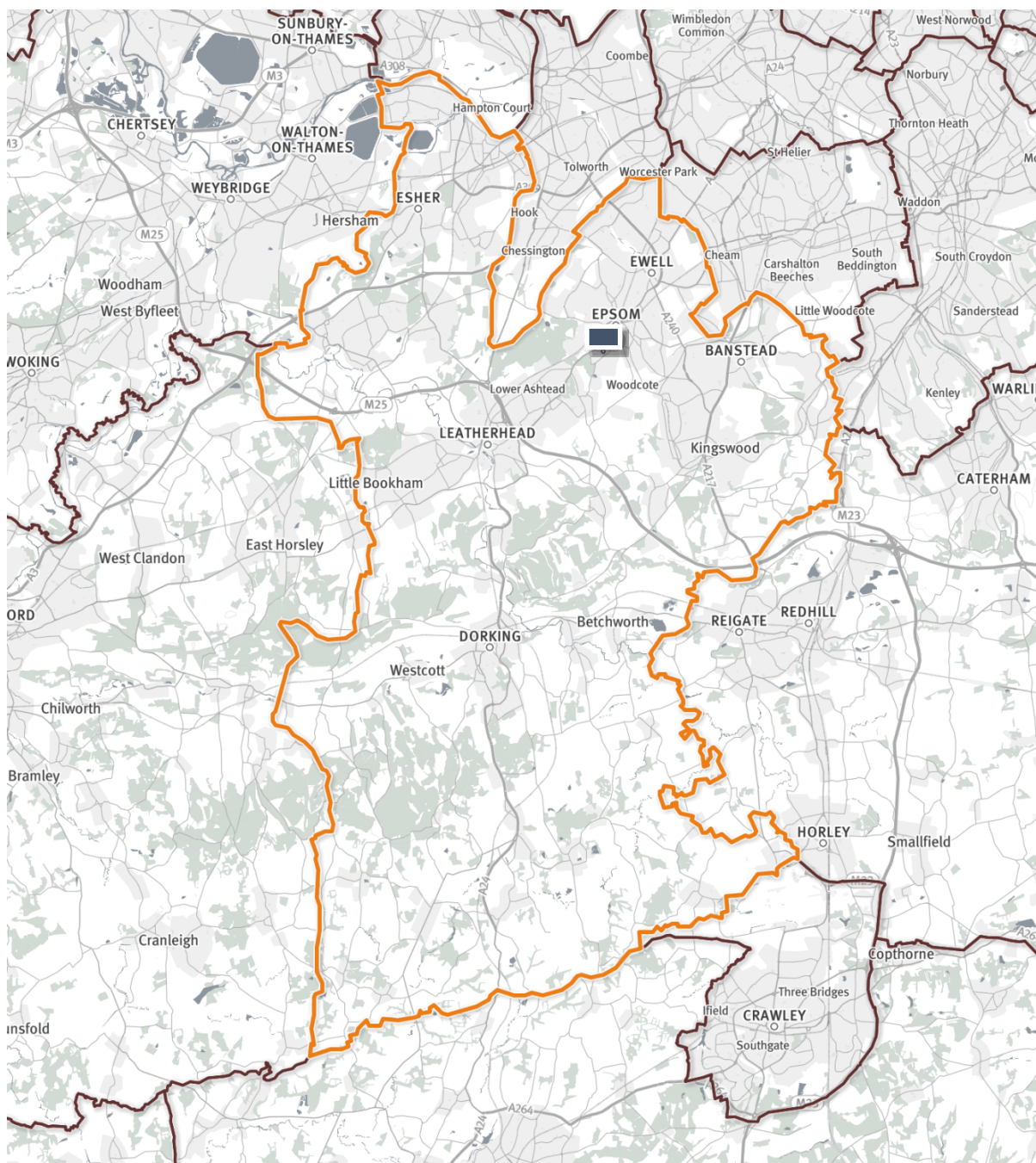
Location	Type of Provision	Post Codes
Haslemere Community Hospital	Minor Injuries Unit	GU27 2BJ

Figure 2 – Urgent Care Provision in Guildford and Waverley CCG



Location	Type of Provision	Post Codes
Ashford Hospital	Walk-In Centre	TW15 3AA
Woking Community	Walk-In Centre	GU22 7HS
St Peter's Hospital	Urgent Treatment Centre / A&E	KT16 0PZ
Weybridge Community Hospital	Walk-In Centre	KT13 8DY

Figure 3 – Urgent Care Provision in North West Surrey CCG



Location	Type of Provision	Post Codes
Epsom General Hospital	Urgent Treatment Centre	KT18 7EG

Figure 4 – Urgent Care Provision in Surrey Downs CCG

- 16) As with the wider NHS, Urgent Care has seen an increase in the demand for its services.

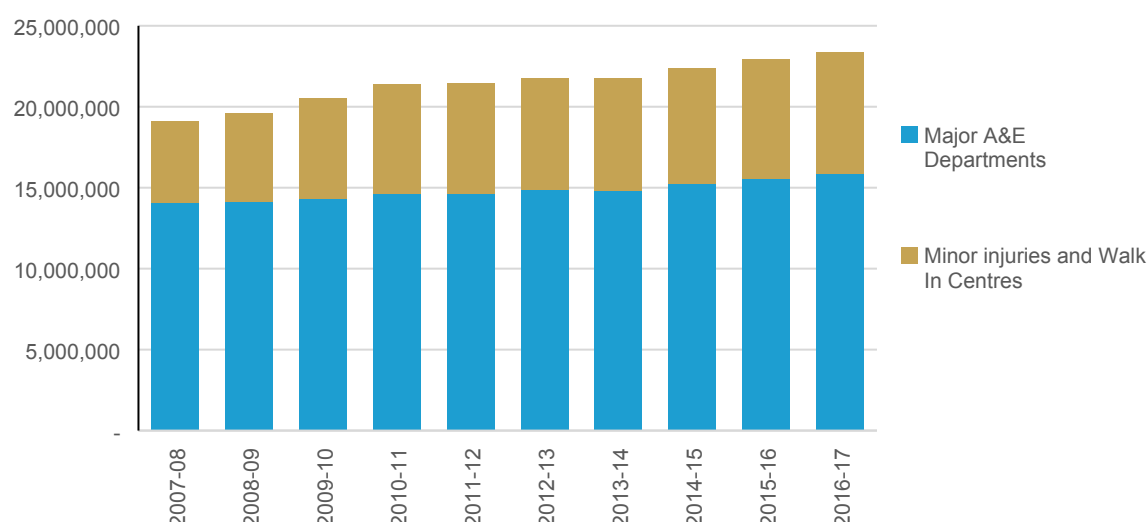


Figure 5 – Hospital Accident and Emergency Activity, NHS England (2017)

- 17) Nationally, the proportion of attendances at minor injury units and walk-in centres has increased over time. In 2007-08 the minor injury units and walk-in centres attendance rate was 26 per cent: this grew to 32 per cent in 2016-17.
- 18) There are a number of reasons why attendances at MIUs and WICs has increased over the past ten years: difficulties making an appointment in primary care (GP practices) are one of these reasons as noted in the recent Healthwatch Survey.⁵ Hence, the future provision of urgent care needs to involve a range of service options and developments.

Urgent Treatment Centres (NHS England)

- 19) NHS England has developed clear guidance for commissioners responsible for the development of Urgent Care. In July 2017, NHS England published *Urgent Treatment Centre Principles and Standards*. This sets out the expectation placed on CCGs to develop Urgent Care for the population they serve. To support this requirement, an Urgent Treatment Centre specification has been published. This has specific implications for Surrey Heartlands in terms of the existing sites that deliver Urgent Care because there is a difference between the current service offering and the new specification. Reconfiguring all existing services to

⁵ Primary Care, Healthwatch Surrey Report (2018)

meet the Urgent Treatment Centre specification may have a significant impact on workforce availability, access and cost depending on the delivery model deployed.

- 20) The following table sets out the service type and location for the Surrey Heartlands ICPs prior to the NHS England UTC Guidance. Consideration therefore needed to be given to how the NHS England specification for Urgent Treatment Centres is delivered locally.

Surrey Heartlands ICP	Previous Service Type / Location
Surrey Downs	Urgent Care Centre in Epsom Hospital
Guildford and Waverley	Minor Injuries Unit in Haslemere Community Hospital
North West Surrey	Urgent Care Centre in St Peter's Hospital Walk-In Centre in Weybridge Community Hospital ⁶ Walk-In Centre in Woking Community Hospital Walk-In Centre in Ashford Hospital

Table 2 – Previous Service Type / Location

- 21) In 2018 the Urgent Care Centres at St Peter's Hospital and at Epsom Hospital were each designated as Urgent Treatment Centres (see table below). This designation was based upon the Urgent Care Centre being co-located with the Accident and Emergency Department. Moving to Urgent Care Centres delivery was managed by each hospital as part of their routine operational management.

⁶ The fire at Weybridge Community Hospital means that the site is not currently operational. North West Surrey CCG has committed to building a health care facility on the site and as this paper explains, the Big Picture programme will inform the eventual configuration of this facility.

Surrey Heartlands ICP CCG	Current Service Type / Location
Surrey Downs CCG	Urgent Treatment Centre / Epsom Hospital
Guildford and Waverley CCG	Minor Injuries Unit / Haslemere Community Hospital
North West Surrey CCG	Urgent Treatment Centre / St Peter's Hospital Walk-In Centre / Weybridge Community Hospital Walk-In Centre / Woking Community Hospital Walk-In Centre / Ashford Hospital

Table 3 – Previous Service Type / Location

- 22) As a result, Surrey Downs CCG is not currently reviewing urgent care provision for its population as the UTC in Epsom General Hospital is compliant with the NHS England specification.
- 23) In taking forward the development of proposals it was agreed that urgent care sits best within local areas as the pathways and interrelationships within the local health economy are key. As such, it was agreed that the ICPs would lead on urgent care pathways and that designation of UTCs would not be a top down approach from Surrey Heartlands. This perspective was tested with the providers of the Urgent Care sites.
- 24) The current Minor Injuries Unit in Haslemere Community Hospital is used by the patients residing in the south of Guildford and Waverley, with a significant proportion of patients using the unit being registered with Hampshire and to a lesser extent West Sussex GP practices. In North West Surrey the sites are, and have been, primarily used by residents from within the CCG locality, with the exception of the Ashford site which has usage (but not significant) from parts of South West London.
- 25) Because the two Surrey Heartlands ICPs with Walk-in Centres and Minor Injury Units (North West Surrey and Guildford & Waverley) are responsible for planning local services for their populations, and because each has its own distinct geography, it was agreed they would manage their own review of urgent care and designation of Urgent Treatment Centre(s) as separate programmes to reflect the local flow of their patients.
- 26) The rest of this report focuses upon Guildford and Waverley CCG and North West Surrey CCG and their respective Transformation Programmes. It will describe how they will each be led with a place-based focus but that they have each adopted the same process and governance.

Wider Development of Urgent Care

27) A range of different developments, in terms of a wider perspective of Urgent Care, are continuing to transform the ways in which urgent care is delivered for our populations. This paper will provide a brief overview of three different developments:

- i) NHS 111;
- ii) GP Extended Access; and
- iii) Livi (online GP Consultation service for North West Surrey residents)

28) NHS 111 was established in 2010 as a single point of access for Urgent Care across the country (with 999 providing access to Emergency Services). As illustrated below, use of NHS 111 has steadily increased since its inception. Since 2014 growth has averaged at approximately 7%.

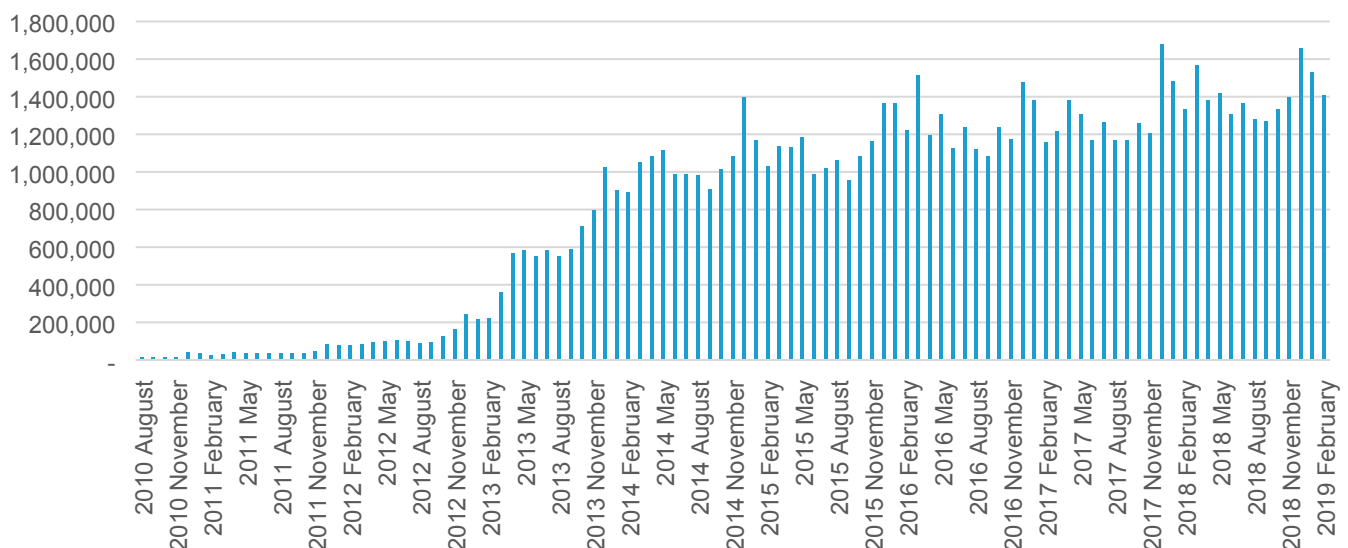


Figure 6 – Growth in NHS 111

29) As part of the national transformation of Urgent Care, locally NHS 111 is now aligned with Out-of-Hours Primary Care as a single service. This new service went live in Surrey (including East Surrey) in April 2019, following a programme of engagement with the public and stakeholder groups and procurement. The new service was supported by a soft launch including widespread stakeholder briefings, updates on local websites and some social media coverage. Now the service is more embedded, a wider and more high profile PR campaign will take place over the summer across Surrey.

- 30) The new service is known as an Integrated Urgent Care service and includes a new Clinical Assessment Service. This means that people calling NHS 111 have greater access at an earlier point to specific clinicians who can address particular issues e.g. mental health workers, GPs and dental advisers.
- 31) As well as NHS 111, the option for patients wanting to see a GP is also changing nationally and locally. Within each Surrey Heartlands ICP, patients are now able to make advance appointments to see a GP or other primary care specialist in a 'hub surgery' between 6pm and 8pm Monday to Friday and at certain times on Saturdays and Sundays. This additional primary care capacity is termed 'GP Extended Access'.
- 32) Extending the opening hours of primary care means that patients who feel that they need to see their GP urgently, on the same day, are able to draw upon a wider range of appointments. This is additional urgent care capacity to that available a few months ago.
- 33) The table in Annex B table sets out the provision of Extended Access that has been provided since October 2018 in Guildford and Waverley and since July 2018 in North West Surrey.
- 34) Finally, the NHS in North West Surrey has begun utilising a 'mobile app' called Livi.⁷ This provides appointments to patients with GPs via their mobile phone or tablet. This provides significant flexibility to the patient as they do not need to attend their GP Surgery to consult a GP.
- 35) Livi is available in North West Surrey on a trial basis. Its use and impact is being evaluated. Depending upon the overall outcomes, its use across the other ICPs would add another means for patients to access urgent care. It is hoped that the development of this 'mobile app' will make access to a range of clinical services easier, reducing the need to travel by patients.

Urgent Care – Transformation Programmes

- 36) Given the context set out in the section above, Guildford and Waverley CCG and North West Surrey CCG have established their own respective Transformation Programmes:

⁷ Further information on Livi can be found at <https://www.livi.co.uk>

Surrey Heartlands ICP CCG	Urgent Care Transformation Programme
North West Surrey CCG	Big Picture Programme
Guildford and Waverley CCG	Better Care Together Programme

Table 4 – CCG Urgent Care Transformation Programmes

- 37) Both programmes will focus upon the respective Urgent Care sites, as set out in Table 3, but within the Urgent Care environment, the current site provision and the context of Out of Hospital Care. The geographic focus will be on the population of the local CCG geography and surrounding area. Within this we recognise the need to formally involve Hampshire Commissioners and population due to the high proportion of Hampshire-registered patients at the Haslemere MIU site. Finally, both Programmes will consider the health needs of their own respective populations and differences between urban and rural population profiles.
- 38) NHS England has set out guidance on how Clinical Commissioning Groups need to develop proposals that might involve changing the provision of service. This guidance is set out in *Planning, assuring and delivering service change for patients* (NHS England, 2018). However, NHS England has also published a range of other guidance on how local communities should be involved. The following table sets out the guidance that NHS England requires the Clinical Commissioning Groups to consider.

NHS England Title	Area of Focus
Patient and Public Participation Policy	Engaging local populations on the development of clinical services for their communities
Clinical Senate Review Process	Details as to how proposals developed on clinical services would be scrutinised from a clinical aspect by NHS England
Guidance for NHS commissioners on equality and health inequalities legal duties	Details on how CCGs would consider their duties in terms of equality and health inequality.

Planning, assuring and delivering service change for patients	Guidance on how CCGs should undertake developing proposals for their local population, and NHS England's approach to assurance
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Table 5 – Key Guidance from NHS England

- 39) NHS England has set out four key tests, introduced by the Secretary of State for Health, that need to be considered when developing proposals. These are:
- i) strong public and patient engagement;
 - ii) consistency with current and prospective need for patient choice;
 - iii) a clear clinical evidence base; and
 - iv) support for proposals from clinical commissioners.
- 40) These four tests are in addition to the statutory functions of each Clinical Commissioning Group and would need to be considered should the proposals include substantial change to the current service provision.
- 41) Guildford and Waverley CCG and North West Surrey CCG will need to consider the NHS England specification for Urgent Treatment Centres when developing proposals.
- 42) Both Guildford and Waverley CCG and North West Surrey CCG have an open mind on the development of these proposals and currently neither CCG has a view on a future proposal.

Urgent Care – Transformation Programmes Approach

- 43) Whilst each Programme is considering a different geography, patient cohort and is managed within a separate ICP, the NHS England guidance and regulations requires that a similar process is adopted (recognising that there will be different inputs and potentially different outcomes). Each Programme has established similar governance structures including a Clinical Working Group comprising local clinicians who will lead the development of the proposals. A Stakeholder Reference Group is either already in place or in the process of being established (the latter due to the Better Care Together programme being on a different timeline to The Big Picture). These involve the local population in the development of the proposals. **Annex C** sets out the organisations that are involved in the respective Stakeholder Reference Groups.
- 44) Whilst the Programmes will develop proposals, it will be for each CCG's Governing Body to separately agree proposals within the Governing Bodies in Common governance structure for the Surrey Heartlands CCGs.

- 45) Each Programme will go through a similar process in terms of developing their proposals. The figure below sets out the process for developing these proposals.

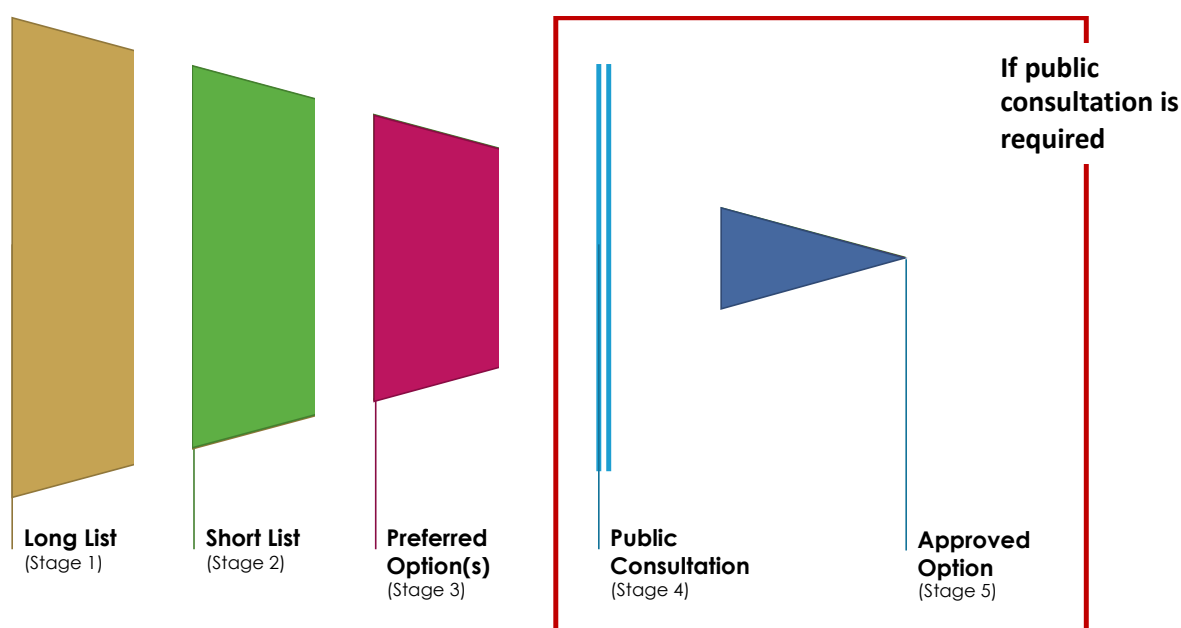


Figure 7 – Proposal Development Process

- 46) The following table sets out in further detail what will happen at each stage. As noted in the figure above, stages 4 and 5 will only occur if the proposals require public consultation. Previous guidance from the Chair of the Health Integration and Commissioning Select Committee, alongside national guidance, is that public consultation will be required if there a change in the service provision proposed, such as a substantial change in the range of services offered on each of the sites or a change in the way in which the services are provided.

Stage	Description
Long List / Stage 1	<ul style="list-style-type: none"> ▪ The Long List is a series of Options (clinical models) ▪ The Long List should contain all reasonable Options regardless of whether they are fully clinically or financially sustainable ▪ The Option(s) might be a single clinical model (e.g. obstetrics unit) or a combination of models (e.g clinical services provided on a community hospital site). ▪ Usually >10 Options are considered

Short List / Stage 2	<ul style="list-style-type: none"> ▪ The Short List should contain all viable Options regardless which are potentially clinically or financially sustainable ▪ Building the evidence that will be used in define the Preferred Option
Preferred Option / Stage 3	<ul style="list-style-type: none"> ▪ Checking impact on Urgent and Emergency Clinical Services outside of Guildford and Waverley & North West Surrey respectively ▪ Evaluating a Preferred Option, which may or may not require Public Consultation ▪ If Public Consultation is required, then the Preferred Option would need to be assured by <ul style="list-style-type: none"> ▪ South East Coast Clinical Senate ▪ NHS England
Public Consultation / Stage 4	<ul style="list-style-type: none"> ▪ Engage with AHSC ▪ Developing a public engagement materials detailing the process to date ▪ Supporting the public engagement across Guildford and Waverley & North West Surrey (respectively) and surrounding systems ▪ Engaging with local clinicians
Approved Option / Stage 5	<ul style="list-style-type: none"> ▪ The CCG Governing Body will approve the business case ▪ Designation of Urgent Treatment Centres as per the guidance by NHS England and wider development in provision of Out of Hospital Care ▪ (in the case of North West Surrey finalise the rebuild plans for the Weybridge site)

Table 6 – Proposal Development - Stages

- 47) The two Programmes (as set out above) are responding to different population and patient needs. The fire at Weybridge Community Hospital has added complexity, albeit manageable, to the Programme in North West Surrey CCG.
- 48) The following table sets out the current position regarding the development of the proposals.

Stage	Programme
Preferred Option / Stage 3	Big Picture Programme
Pre-Long List / Stage 0	Better Care Together

Table 7 – Development Stage / Programme

49) The Better Care Together Programme has yet to begin formal development of options. It is seeking to engage its local community through the development of its Case for Change (prior to developing the Long List). This Case for Change set out the following:

- i) Scope of the Transformation Programme
- ii) Challenges
- iii) Opportunities

50) The Better Care Together Programme is beginning the process of testing the content with stakeholders and local clinicians.

51) In terms of timeline, North West Surrey CCG will be taking a decision on its Preferred Option during the next few weeks. Depending upon the outcome of this decision, public consultation may be required. This would require further engagement with NHS England and the Surrey AHSC. Guildford and Waverley CCG will be launching the Case for Change during the next few weeks, and would be seeking to take a decision in early autumn. Public consultation would also be carried out at this time if required. The aim is that both programmes will be able to decide on their Urgent Care proposals prior to the end of 2019.

Engagement and Involvement with the Public

52) As set out earlier, the Big Picture Programme and the Better Care Together Programme have each established their own governance structure and a Stakeholder Reference Group (SRG). The SRG acts as a critical friend for the Programme, testing how the Programme engages with hard to reach groups and supporting the formal evaluation of Short List of Options to determine a Preferred Option(s).

- 53) It is also recognised by both Programmes that this is not sufficient in itself to involve and engage the public, patients and stakeholders. As set out earlier, the Big Picture Programme is at a different stage in development to the Better Care Together Programme. As a result, this section will focus on the work carried out by the Big Picture Programme, with a view to a similar approach being replicated by the Better Care Together Programme.
- 54) The Big Picture Programme's Case for Change document has been widely distributed across North West Surrey and across its borders. 4,000 Case for Change summary leaflets have been distributed across the following locations:
- i) Local GP practices;
 - ii) Libraries;
 - iii) Local Councils; and
 - iv) Community and voluntary groups across North West Surrey.
- 55) North West Surrey CCG has in addition met with the MP for Weybridge and Runnymede, the Rt. Hon. Phillip Hammond, to discuss the Big Picture Programme in the context of the plans for the site of the former Weybridge Community Hospital and Primary Care Centre.
- 56) This first phase of engagement has sought to raise awareness of the Case for Change and to seek general views on out of hospital services. Supporting this has been a series of deliberative events which have set out to engage a wide group of stakeholders, as detailed below. The Programme was launched on 2nd October 2018 by way of an exhibition involving a wide range of partners at The Ship Hotel in Weybridge. This was attended by c. 100 members of the public.
- i) 8th November – The Hythe Centre, Staines (open to the public);
 - ii) 22nd November – Chertsey Halls (incentivised workshop to ensure representative sample of local population rather than simply self-selectors);
 - iii) 26th November – HG Wells Centre, Woking; and
 - iv) 6th December – The Ship Hotel, Weybridge
- 57) An additional deliberative event was held to ensure those groups which are not normally involved (the 'hard-to-reach' groups) would have the opportunity to input to the discussions.
- i) 16th January – The Hythe Centre, Staines (open to the public)
- 58) The Stakeholder Reference Group has met on a monthly basis since September 2018 to ensure there is meaningful involvement from the community in the Programme. The Reference Group has an Independent Chair, who is the Co-Chair of the Surrey Coalition of Disabled People. It also includes representatives

from Surrey Healthwatch, local Councillors, Third Sector and local residents. They have been involved in scrutinising the development work of the Programme e.g. travel and transport, as well as the Option Development Process, including recommending the Long List, Short List – Evaluation Criteria and Short List.

- 59) The Big Picture Programme has also engaged with the Surrey Health and Wellbeing Board. It has been asked to present its proposals once a Preferred Option or Options have been identified.

<p>Engagement and Involvement with the health scrutiny committee in Surrey County Council</p>
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- 60) Representatives of the Big Picture Programme and Better Care Together Programme each met with the Chair and Officer of the previous Surrey health scrutiny committee, the Health and Integration Commissioning Select Committee (HICSC) in April 2019 to discuss the proposed approach, public involvement plans and the development of proposals.

<p>Engagement and Involvement with the Local Clinicians</p>
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- 61) Both Programmes have a similar approach to engaging local clinicians and involving them in the development of the proposals. This is primarily driven through the Programme's respective Clinical Working Group, each of which is chaired by a local GP with membership drawn from local GPs and urgent and emergency care clinicians.

Programme	Clinical Working Group - GP Chair
Big Picture Programme	Dr A. Pillai
Better Care Together	Dr S. Akande

Table 8 – GP Chair for Clinical Working Groups

- 62) To support the Chairs of both Clinical Working Groups, both Programmes have appointed or in the case for Better Care Together, is appointing, independent GP members to ensure there is an independent view and clinical opinion.
- 63) The Clinical Executive in North West Surrey CCG and the Local Clinical Commissioning Committee in Guildford and Waverley CCG (both of which include local GPs in their membership alongside lay members and managers) have also been involved with the development of the respective Programmes.
- 64) As with the Stakeholder Reference Group the approach of the Big Picture Programme will be replicated by the Better Care Together Programme.

Engagement with NHS England

65) The Big Picture Programme has already undertaken discussions with NHS England. An informal review with NHS England has also been held to help strengthen the way in which proposals are developed. Prior to a formal decision on the Preferred Option the Programme will undertake a Strategic Sense Check - Assurance Review. This will give the regulator the opportunity to help the Programme strengthen the proposals, ensuring that if public consultation is required NHS England would not require a longer assurance process to be undertaken on proposals it is unfamiliar with. This approach will also be adopted by the Better Care Together Programme.

Conclusions:

66) North West Surrey CCG and Guildford and Waverley CCG have begun a process whereby public and local clinicians are at the heart of their engagement planning and decision-making processes.

67) There are significant changes to the way Urgent Care is being delivered across the geography. The development of the North West Surrey and Guildford and Waverley programmes will help inform the shape and direction of any changes. No decisions have been made by either CCG in regards to these programmes.

68) Further work is required to develop a comprehensive evidence base that will allow recommendations to be developed. Once this has been completed the CCGs will be able to determine whether public consultation is required. Both Programmes will look to the Surrey AHSC to help shape proposals engagement plans with local communities.

Recommendations:

69) NHS Guildford and Waverley CCG and North West Surrey CCG would like to make the following recommendations to the AHSC:

i) The Surrey AHSC supports the decision to undertake the development of the proposals at a local level based upon:

- (1) Local Patient Need
- (2) Patient Activity and Flows
- (3) Development of Integrated Care Partnerships
- (4) Urgency of developing proposals for the configuration of a health facility on the site of the Weybridge Community Hospital/Primary Care

Centre in North West Surrey CCG which was destroyed by a fire in July 2017

- ii) The Surrey AHSC comments on the progress made in developing the proposals on Urgent Care, and specifically in relation to patient, public and stakeholder involvement as well as the involvement of local clinicians.
- iii) The Surrey AHSC identifies how and where it would like to be engaged further in the development of proposals, and specifically how it might support the development of a Preferred Option or Options for each of the Programmes.

Next steps:

- 70) For each of the Programmes the next steps are set out in the NHS England guidance. For the Better Care Together Programme, the immediate focus will be on the finalising the Case for Change and embedding the governance structures to support the Programme. Once agreed, the Case for Change will be used as a pillar for engaging the local population.
- 71) For the Big Picture Programme, the focus is on moving from the Long List to the Preferred Option. This will require the Programme to bring together a range of evidence and, using the Stakeholder Reference Group as a critical friend, establish the way in which it should involve the public in making a recommendation. The North West Surrey CCG Governing Body would then need to consider the recommendations from the Programme and decide on the Preferred Option or Options, and if required engage further with NHS England and Surrey AHSC on public consultation.

Report contact: Jack Wagstaff, ICP Director for North West Surrey and Giles Mahoney, ICP Director for Guildford and Waverley

Contact details: 01372 232498

Sources/background papers:

- i) Health and Social Care Act, Department for Health (2012)
- ii) Surrey Heartlands Devolution Agreement, Surrey Heartlands (2017)
- iii) Minutes - November 2018 Meeting, Surrey County Council – HICSC (2018)
- iv) Transforming Urgent and Emergency Care Services in England, NHS England (2013)

- v) Primary Care, Healthwatch Surrey Report (2018)
- vi) Urgent Treatment Centre Principles and Standards, NHS England (2017)
- vii) Commissioning Standards – Integrated Urgent Care, NHS England (2015)
- viii) Implementation Quick Guide – DoS and Urgent Treatment Centres, NHS England (2018)
- ix) Patient and Public Participation Policy, NHS England (2017)
- x) Clinical Senate Review Process, NHS England (2014)
- xi) Guidance for NHS Commissioners on Equality and Health Inequalities Legal Duties, NHS England (2015)
- xii) Planning, Assuring and Delivering Service Change for Patients, NHS England (2018)
- xiii) Walk-In Centre Review: Final Report and Recommendations, Monitor (2014)
- xiv) Patient Survey – Final Report, Monitor (2013)

Annex A – Historical Attendances at Urgent Care sites

72) The following table provides full year data for the Urgent Care sites in Guildford and Waverley CCG and North West Surrey CCG. Full year data for 2018/19 will be made available in May 2019.

Year	Attendances	
	Haslemere MIU	Total
2016/17	8,000	8,000
2017/18	8,000	8,000

Table 9 – Haslemere MIU Attendances

Year	Attendances			
	Ashford WIC	Woking WIC	Weybridge WIC	Total
2016/17	36,000	37,000	32,000	105,000
2017/18	43,000	43,000	9,352 ⁸	95,352

Table 10 – Ashford / Woking / Weybridge WIC Attendances

⁸ Attendances up to 12 July 2017

Annex B – Extended Access for North West Surrey CCG and Guildford and Waverley CCG

- 73) The table below sets out the Extended Access activity in North West Surrey CCG, since August 2018 with totals and rolling month-on-month percentage change.

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Slot Type ▼									
ANP	0	0	0	0	0	0	0	35	35
Phlebotomy	0	0	28	235 (739%)	379 (61%)	222 (-41%)	212 (-5%)	311 (47%)	1387
Physio	0	0	117	346 (196%)	324 (-6%)	579 (79%)	481 (-17%)	397 (-17%)	2244
Weekday GP	273	997 (265%)	1295 (30%)	1292 (0%)	945 (-27%)	1356 (43%)	1142 (-16%)	1199 (5%)	8499
Weekend GP	97	625 (544%)	459 (-27%)	570 (24%)	651 (14%)	567 (-13%)	519 (-8%)	687 (32%)	4175
Wound Care	0	0	0	67	99 (48%)	102 (3%)	95 (-7%)	117 (23%)	480
LIVI	0	8	343 (4188%)	1035 (202%)	1440 (39%)	2094 (45%)	1766 (-16%)	1868 (6%)	8554
Total	370	1630 (341%)	2242 (38%)	3545 (58%)	3838 (8%)	4920 (28%)	4215 (-14%)	4614 (9%)	25374

Table 11 – Extended Access / North West Surrey CCG

- 74) As can be seen from the table above, there has been significant growth in North West Surrey CCG since the launch of the service (67% average month-on-month growth), both in terms of patients making appointments with GPs but also seeing other health care professionals. Of significant interest has been the take up of Livi (see explanation above); whilst the number of consultations using Livi peaked in January it is expected that the longer-term position is that this will increase as a mechanism for consulting with GPs and could be rolled out to other appropriate areas of primary care.
- 75) The table below sets out the Extended Access activity in Guildford and Waverley CCG, since August 2018 with totals and rolling month-on-month percentage change.

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Slot Type ▼									
GP Weekday	272	323 (19%)	369 (14%)	353 (-4%)	331 (-6%)	363 (10%)	313 (14%)	352 (12%)	2676
GP Weekend	152	296 (95%)	279 (-6%)	336 (20%)	432 (29%)	337 (-22%)	350 (4%)	440 (26%)	2622
Nurse	0	150	357 (158%)	340 (-5%)	369 (9%)	416 (13%)	378 (-9%)	421 (11%)	2431
HCA / Phlebotomy	0	0	64	64 (0%)	72 (13%)	113 (57%)	148 (31%)	217 (47%)	678
Total	424	769 (81%)	1069 (39%)	1093 (2%)	1204 (10%)	1229 (2%)	1189 (-3%)	1430 (20%)	8407

Table 12 – Extended Access / North West Surrey CCG

76) In Guildford and Waverley CCG there has been a lower level of growth (22% average month-on-month growth) since the launch of the service, both in terms of patients making appointments with a GP and with other health care professionals. Further work will be undertaken to understand the nature of the take-up and how the service can be improved and developed.

77) The following table provides a short explanation of the terms used in the table

Slot Type ▼	Description
GP Weekday	An appointment with a GP, which is outside of the Core hours (9-5.30) during weekdays
GP Weekend	An appointment with a GP, which is during weekdays
Nurse	An appointment with a Nurse, which is outside of the Core hours (Weekdays / 9-5.30) during weekdays
ANP	An appointment with an (ANP) Advanced Nurse Practitioner (an ANP is a more qualified nurse which can see a wider range of conditions), which is outside of the Core hours (Weekdays / 9-5.30)
HCA / Phlebotomy	An appointment to have a blood test, which is outside of the Core hours (Weekdays / 9-5.30)
Physio	An appointment to see a physiotherapist, which is outside of the Core hours (Weekdays / 9-5.30)
Wound Care	An appointment to have an existing wound dressed, which is outside of the Core hours (Weekdays / 9-5.30)
LIVI	An online appointment with a GP, which is outside of the Core hours (Weekdays / 9-5.30)

Table 13 – Extended Access / North West Surrey CCG

Annex C – Organisations Involved in Stakeholder Reference Groups

78) North West Surrey CCG established the Big Picture Stakeholder Reference Group in September 2018 with representatives from the following organisations.

- a) Council of Governors at ASPH NHS Foundation Trust
- b) Children and Family Health Surrey
- c) CSH Surrey
- d) Elmbridge Borough Council
- e) Friends of Ashford Hospital
- f) Friends of Weybridge Hospital
- g) Friends of Woking Community Hospital
- h) Healthwatch Surrey
- i) NWS CCG PPE Forum
- j) Spelthorne Borough Council
- k) Sunbury Patient Participation Group
- l) Surrey Coalition of Disabled People
- m) Surrey County Council
- n) West Byfleet Patient Participation Group
- o) Weybridge Society
- p) Weybridge Sure Start Children's Centre
- q) Woking Borough Council

79) Guildford and Waverley CCG established the Stakeholder Reference Group in May 2019. Representatives have been invited from the following organisations.

- a) Healthwatch Surrey
- b) Surrey Coalition of Disabled People
- c) Milford and Witley Surgery PPG
- d) University of Surrey Students' Union
- e) Surrey County Council
- f) Haslemere League of Friends
- g) Council of Governors at Royal Surrey County Hospital NHS Foundation Trust
- h) Milford Hospital League of Friends
- i) Cranleigh Village Hospital Trust
- j) Haslemere Health Group
- k) Waverley Borough Council
- l) Guildford Borough Council
- m) Horsham District Council
- n) Chichester District Council
- o) East Hampshire District Council
- p) Hampshire County Council

80) Eleven stakeholders have so far accepted the invitation to be involved in and shape the public engagement aspects of the programme.