

The Big Picture Programme
A review of out of hospital services in North West Surrey

Stakeholder Briefing and Update

January 2020

EXECUTIVE SUMMARY

NHS North West Surrey Clinical Commissioning Group, alongside partner organisations that make up the *North West Surrey Integrated Care Partnership*, has been reviewing out of hospital services as part of **The Big Picture** programme.

This looks at how to address the pressure on healthcare services from a growing and aging population, the changing needs of people with long term conditions like diabetes and heart disease and ever increasing challenge of recruiting the right healthcare staff.

Recent improvements in out of hospital care in North West Surrey include:

- better support for people with mental health needs - extended appointments with mental health experts to connect them to support from a wide range of services including therapies, physical health checks, social care and third sector organisations
- easier access to GP services with additional appointments in the evenings and at weekends, including video consultations via the LIVI app
- a redesigned NHS 111 service offering faster support from a wider range of healthcare professionals and direct appointments

Building on engagement with the local community last year, healthcare leaders now want to undertake further engagement on how to reshape community based services to offer the most appropriate care for patients' needs now and in the future.

In addition, a new set of national standards has been introduced for Urgent Treatment Centres (the new name for all walk-in centre type facilities). These centres will all offer the same level of service so patients know where to go for urgent care wherever they are in the country.

There are significant differences between our existing walk-in facilities – at Woking Community Hospital, Ashford Hospital and the previous facility at Weybridge Hospital (prior to the fire in 2017) - and the new specification, and decisions need to be made on the best way to bridge this gap. **This could affect local Walk-in Centre provision as it is currently provided.**

A shortlist of seven possible options has now been developed, building on public engagement last year and working with local clinicians. This includes different configurations for Urgent Treatment Centres across Woking, Weybridge and Ashford as well as how best to provide timely, high quality urgent care at St Peter's hospital, working with our established Emergency Department.

A series of events to engage local people on these potential options is taking place from January – March 2020. Feedback from these events will be used to shape the clinical model for urgent care and to reach a preferred option or options. If that leads to a substantial change to services, a full public consultation would take place before any final decisions are made.

This briefing describes the background to the programme and work undertaken so far.

PART A – INTRODUCTION

A1 | Geography & Services

North West Surrey CCG has a registered population of c. 360,000 residents covering the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge.

North West Surrey CCG is part of the Surrey Heartlands Integrated Care System; it is also part of the local North West Surrey Integrated Care Partnership which includes the local health and care organisations, including the borough councils and the community and voluntary sector, who are working collaboratively on local health and care delivery across the North West Surrey geography. (More information on these partnerships can be found at www.surreyheartlands.uk.)

Already working closely with the other Surrey Heartlands CCGs, North West Surrey is planning to merge with East Surrey, Guildford & Waverley and Surrey Downs CCGs from April 2020 to form a new organisations, NHS Surrey Heartlands CCG, reflecting the Surrey Heartlands geography.

General Practice

Most people access urgent healthcare via their GP and other primary care services. North West Surrey has 40 GP practices who work together as part of the 'NICs Federation'. Importantly, practices are also working collaboratively across local neighbourhoods as Primary Care Networks – typically covering between 30,000 – 50,000 patients – introduced as part of the NHS Long Term Plan. These new networks will allow local practices to work together to offer a wider range of specialist services across their neighbourhood areas, creating bigger teams of staff (including specialists such as pharmacists and paramedics) and better integration with other local community services.

GP practices provide pre-booked and same day appointments. Out-of-hours care is provided by Care UK, operating out of base sites at St Peter's and Woking hospitals as well as GP extended access and digital consultations. All 40 GP Practices provide a home visiting service during core hours and Care UK provides GP home visiting during the out-of-hours period.

The map on the next page sets out the location of GP practices across North West Surrey.



Key

GP Practice (Single) 


GP Practices (Multi) 

Figure 1 – North West Surrey, GP Practice Map

Community Provision

Community care is provided by Central Surrey Health (CSH). In terms of urgent care, CSH also provide Walk-In Centres at Ashford Hospital and Woking Hospital. Services delivered at the two Walk-In Centres are subcontracted to Greenbrook Health Care.

In July 2017 there was a fire at Weybridge Hospital which included the Weybridge Walk-In Centre. As a result, all urgent care services have been suspended at the site (although the two local GP Practices located there were back in operation in temporary buildings by the beginning of 2018). NHS leaders have committed to delivering clinical services from the Weybridge site in the future, following the rebuild of a healthcare facility. The timeline for securing capital and construction is at least three years.

An additional community site is located in North West Surrey at Walton Community Hospital; this site does not deliver urgent care services.

Locality Hubs

There are three Locality Hub services in the North West Surrey area:

1. The Bedser Hub based at Woking Community Hospital;
2. The Ashford Hub based on the Ashford Hospital site; and
3. The Thames Medical Hub based at Walton Hospital.

The Hubs provide proactive care for older people with frailty and multiple long-term conditions. They offer a fully integrated GP-led, multi-disciplinary 'one-stop-shop' service in the community and an ability to quickly book appointments for those on the caseload where a presentation is more urgent.

Acute Provision

Most patients access acute care from Ashford and St Peter's NHS Foundation Trust (accounting for 68.7% of the total activity of North West Surrey CCG). There is one A&E Department at St Peter's Hospital and a co-located Urgent Treatment Centre (UTC). The UTC at St Peter's Hospital is subcontracted to Greenbrook Health Care.

Other major providers of acute care include the Royal Surrey County Hospital NHS Foundation Trust (accounting for 10% of North West Surrey CCG activity) and Frimley Health NHS Foundation Trust (4% of CCG activity).

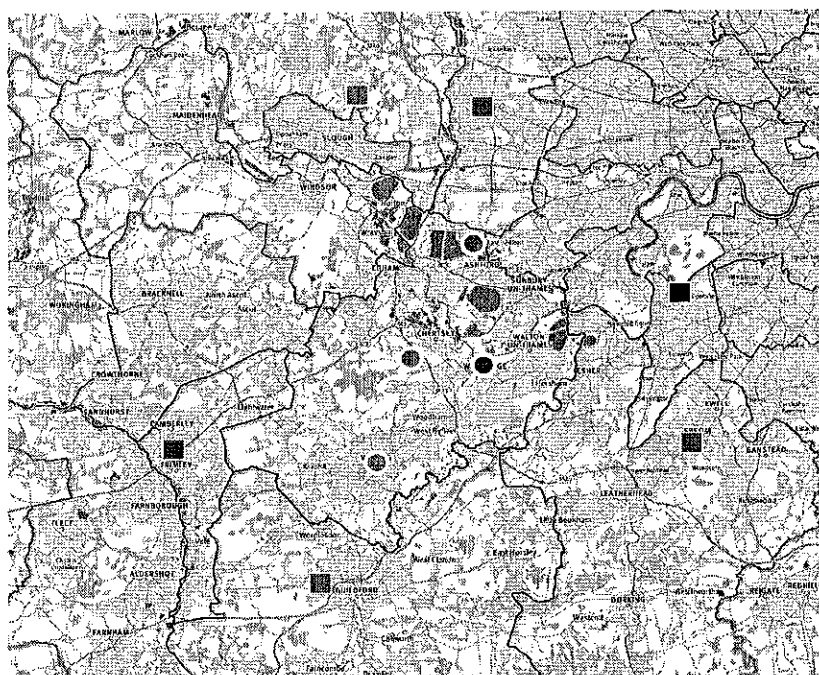
The map on the next page sets out the key locations for urgent care in North West Surrey and the surrounding hospitals providing urgent and emergency care services.

Mental Health Provision

Mental health services are provided by Surrey and Borders Partnership NHS Foundation Trust. Whilst mental health is not directly within scope of the Big Picture Programme, changes to urgent care provision could have an indirect impact on services.

Ambulance Provision

Ambulance services are provided by South East Coast Ambulance Service NHS Foundation Trust. Changes to urgent care will have an impact on ambulance services, with conveyancing between sites being a potential area of focus.



Key

- St Peter's Hospital
- Ashford Hospital
- Weybridge Community Hospital
- Woking Hospital

- Frimley Hospital
- Royal Surrey Hospital
- Epsom Hospital
- Kingston Hospital
- Hillingdon Hospital
- Wexham Park Hospital

Figure 2 – Locations for Urgent and Emergency Care

Integrated Urgent Care Clinical Assessment Service (IUC CAS)

At the end of March 2019, a revamped NHS 111 service was launched for Guildford and Waverley, North West Surrey, Surrey Downs and East Surrey residents. This brings together the GP out-of-hours service, NHS 111 and a clinical assessment service to form an 'integrated urgent care service'.

The provider of NHS 111 has changed from South East Coast Ambulance Service NHS Foundation Trust to Care UK (who also provide the Surrey GP out-of-hours service).

This new service should make it easier for people to get help from a wide range of healthcare professionals and the number of cases where callers speak directly to a clinician should increase to at least 50% of all activity.

The redesigned service aims to meet most healthcare needs on the first call – including a consultation with a doctor, nurse, dentist, pharmacist or mental health specialist if required.

Fully trained advisors ask some simple questions and, depending on the situation, find out which local service can help, connect to a clinician, arrange a face-to-face appointment or arrange for advice on medicines. Callers can also ask for a translator if they need one.

The aim is that the service will be:

- Quicker – there are fewer questions to answer and callers aren't passed from person to person.
- More direct – as well as offering diagnosis and health advice on next steps, direct appointments can also be booked with many local services with shared digital records (with patient consent).
- More knowledgeable – a wider range of healthcare professionals are on hand to provide answers or advice, including doctors, nurses, paramedics and specialists in mental health and dental issues.
- More helpful – the new service also provides health and lifestyle advice on a wide range of topics, from medication to vaccinations, diet to anxiety.

A2 | The Big Picture – developing a Case for Change

In 2018, the CCG – working with local health and care partners – developed a ‘Case for Change’ for local urgent care provision and out of hospital services. This outlined the context for the Big Picture Programme and the reason local partners felt that change was needed. These reasons included:

- A growing population;
- Increasing demand;
- Changing needs of patients;
- Limited workforce.

At the same time the CCG needed to respond to the new national standards set by NHS England for Urgent Treatment Centres which will standardise walk-in provision; the new standards include centres being led by GPs, open from at least 8am – 8pm and providing diagnostic facilities such as X-ray.

The *Case for Change* was developed through:

1. Analysing data on population demographics, health needs and the healthcare workforce;
2. Reviewing national policy expectations; and
3. Responding to feedback from patients, the public and clinicians.

The full *Case for Change* document and other supporting material is available on our website at <https://www.nwsurreyccg.nhs.uk/get-involved/consultation-and-engagement/the-big-picture>.



The *Case for Change* was published in October 2018, supported by a public engagement campaign which ran from October 2018 to January 2019. This included a series of public events, an incentivised workshop and several focus groups. The engagement raised a number of issues that can be grouped into four themes and five principles:

1. Patient Outcomes

- a. Agreement that outcomes for patients were better if triaged via 111
- b. Extended access would make a difference (rather than use A&E)
- c. Recognised the challenges with staffing

2. Access

- a. Difficulties with access from St Peters site late at night
- b. Walk-in Centres exclude some patients e.g. under 2s
- c. Extended Access appointments address the need for those that work
- d. 111 allows streaming / triage which was not previously possible

3. Population

- a. Concerns about the neighbourhood not knowing one another / no support
- b. Availability of Extended Access not widely known
- c. Interest in online consultation e.g. LIVI
- d. The proposals need to ensure equity of access and all the population in all geographies

4. Usage

- a. A Walk-in Centre is considered convenient, rather than addressing a genuine need in the population

- b. Maybe the Walk-in Centres are not the best way to deliver care to the population
- c. Must ensure good value for money

Engagement also contributed to a set of principles that clinicians and other members of the programme team were able to use in developing potential options for change.

Principles

1. Access to the health system when required / equity of access
2. No referral on (111 helping to send you to the right place in the first place)
3. Logistically reasonable e.g. 20-30 minutes' travel time
4. Cost effectiveness - organise the resources so they make the most difference
5. What has the best outcomes.

A3 | Programme Governance

There are four key groups within the formal programme governance structure, which make recommendations to North West Surrey CCG:

1. Core Group;
2. Clinical Working Group;
3. Stakeholder Reference Group; and
4. Communications and Engagement Working Group.

The table below summarises the main functions of these groups.

Governance Group	Key Functions
Core Group	<ul style="list-style-type: none"> ▪ Overall operational responsibility for the delivery of the Big Picture Programme ▪ System alignment and support for the Programme ▪ Engagement with NHS England Assurance Process (if required) ▪ Non-Clinical Development (e.g. Travel Analysis / Integrated Impact Assessment)
Clinical Working Group	<ul style="list-style-type: none"> ▪ Option Development Process ▪ Clinical Design, Models and Assurance ▪ Engagement with the Clinical Senate (if required)
Stakeholder Reference Group	<ul style="list-style-type: none"> ▪ Co-Development of the Proposals ▪ Wayfinding for involvement of the public in the development of the proposals ▪ Support engaging the wider public in North West Surrey
Communications and Engagement Working Group	<ul style="list-style-type: none"> ▪ Management and co-ordination of the communications supporting the Big Picture Programme ▪ Management of engagement (including the production and launch of the Case for Change) ▪ Management of consultation (including the production and launch of the consultation materials, if required) ▪ Management of the post consultation feedback (if required)

Table 1 – Big Picture Programme: Governance Functions

A4 | Engagement with local stakeholders

Surrey County Council - Adults and Health Select Committee

The Surrey Adults and Health Select Committee was briefed about the Big Picture programme in August 2018 and the Case for Change shared with them (and other key stakeholders) in October 2018.

Updates on the Programme's progress were provided informally on 16th January and 4th April and formally on 13th June 2019. Following the June meeting, which was held in public, the Select Committee made a number of recommendations. This led to the development of an Action Plan which has been shared with the Committee. The Action Plan includes proposals for Select Committee members to attend site visits and a workshop on travel times as well as an invitation to observe the work of the Stakeholder Reference Group. Select Committee members have also been offered a detailed briefing on the overall model of urgent care services. It is hoped that this will ensure Committee members have a good understanding of current arrangements for urgent care and the work of the Big Picture Programme.

Engagement with Local MPs

Local MPs have been briefed regularly since the Weybridge fire in July 2017. The previous MP for Runnymede and Weybridge, Philip Hammond MP, was briefed specifically on the Big Picture Programme on 21st September 2018.

The CCG wrote to local MPs seeking their views on the Case for Change and will continue to engage them in the programme as this develops.

Engagement with Local Councillors

A number of local councillors are members of the Stakeholder Reference Group ensuring a direct link with the programme and the local boroughs. In addition the Case for Change was shared widely with local councillors as part of the wider public and stakeholder engagement. The programme will continue to engage with councillors and the boroughs as key stakeholders.

PART B – DEVELOPING PROPOSALS

B1 | Approach to Option Development

The Option Development Process – looking primarily at walk-in centre provision - is being led by clinicians through the Big Picture Programme Clinical Working Group. The process is split into three stages:



Figure 5 – Option Development Process

Hurdle Criteria will be used to filter options from the Long List to the Short List, and from the Short List to the Preferred Option(s).

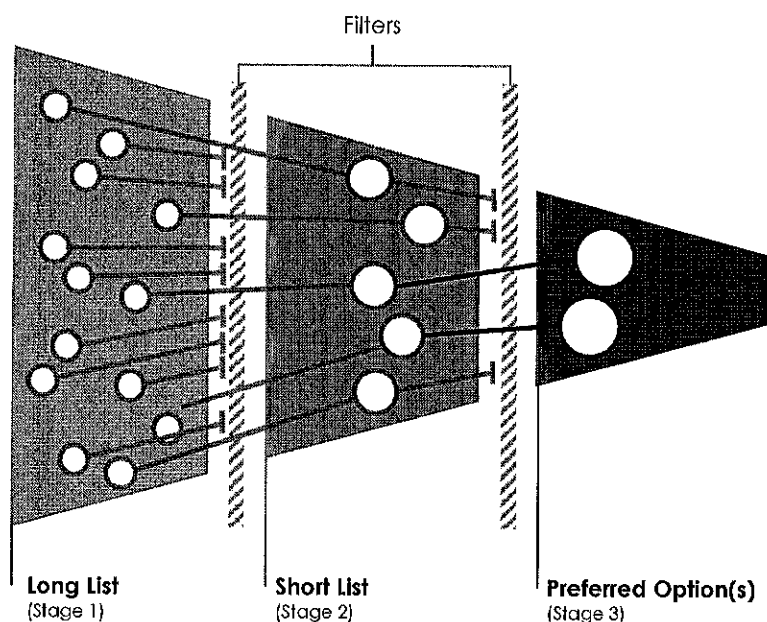


Figure 6 – The Use of Hurdle Criteria

B2 | Long List

Principles

Before commencing work on the Long List both the Programme's Core Group and the Clinical Working Group agreed the following principles:

- The Long List would be developed with an 'Open Mind' meaning that there should not be preconceived ideas when developing the Long List;
- All reasonable options would be considered;
- Any assumptions would be noted when developing the Long List and maintained throughout the Option Development process;

- There should not be too few so as that the options do not have a reasonable range. Similarly, there should not be so many options as to make differentiating between them impossible.

Developing the Long List

With these principles in mind, the Core Group considered a series of potential dimensions that could be used to generate the Long List of Urgent Treatment Centre provision. These are listed in Table 3 below.

Dimension	Description
Location	All, some or none of the existing WICs
Time of Opening	9-6pm or 8am to 8pm
Urgent Care Provision	UTC or Alternative Community Service or Primary Care Offer
Minor Injury Hubs	Availability of access to Minor Injury Access
Type of Access	Pre-booked appointments or Walk-In
System Context	Links to ED / Community Pharmacy

Table 2 – Dimensions to be considered within the Long List

They agreed to focus on just two dimensions – **Location** and **Urgent Care Provision**.

The reasoning for this was that 'Location' spanned the geography of North West Surrey and that this, as a dimension, could not be ignored. The second (Urgent Care Provision) provided the greatest range in terms of service offerings. It was agreed the other dimensions could be considered as sub-components of the type of Provision provided.

B3 | The Short List

Evaluating the Long List Options

The Long List Options were assessed to develop a Short List. In line with best practice, a formal Evaluation Framework was used. The Evaluation Criteria agreed by the Clinical Working Group, and endorsed by the Stakeholder Reference Group, has five elements:

1. **Access** – there should be a fair distribution of services across North West Surrey for everyone in our catchment.
2. **Quality of care** – the national specification for Urgent Treatment Centres will ensure consistent quality and safety of services: can options support additional services by being co-located with community services?
3. **Clinical ambition** – options should meet the view of our local clinical summit which did not support an 'alternative community service'.
4. **Affordability** – none of the options being considered have clear financial benefits compared to others: substantial capital funds are not required for any of the options.
5. **Workforce** – the availability of the necessary workforce over the next five to ten years.

The Finalised Short List

Utilising the evaluation criteria identified above, the following two filters were applied to create the Short List:

- a) any Option including an Alternative Community Service has been removed from the Long List; and
- b) any Option including Weybridge as the only other Urgent Treatment Centre in North West Surrey has been removed from the Long List

This table provides the list of seven Options as a Short List.

Number	St Peter's	Weybridge	Ashford	Woking
1.	UTC	UTC	UTC	UTC
2.	UTC	No	UTC	UTC
3.	UTC	UTC	No	UTC
4.	UTC	UTC	UTC	No
5.	UTC	No	UTC	No
6.	UTC	No	No	UTC
7.	UTC	No	No	No

Table 5 – Big Picture Programme Short List

B4 | The Option(s) Selection Stage

The Option(s) Selection Stage will take the Short List and consider each of these as an option (e.g. a clinical model on a specific site). It will consider factors such as:

1. Clinical Standards / Mitigations (if required);
2. Wider Model of Care (e.g. describe the interactions with health and social care);
3. Describe the activity modelling / forecast;
4. Workforce; and
5. Finances and affordability.

An agreed set of criteria will be developed against which to measure the options, working with public representatives and members of the Stakeholder Reference Panel, along with other evidence, and a recommendation made to the CCG Governing Body as the decision-making authority.

PART C – NEXT STEPS

C1 | At this stage no decisions on these options have been made.

The public events in January and February are a chance for people to have their say on the future design of urgent care services, where key centres should be and what other services might be needed in the community to support local people in the best way.

Public feedback will be used to shape the clinical model for urgent care services and to reach a preferred option or options. If that leads to a substantial change to any services that are currently provided, a full public consultation would take place before any final decisions are made.

This shortlist has been reached following a detailed process involving clinicians, health and social care organisations, voluntary and community sector organisations and members of the public.

C2 | Community workshops 2020

The public events are taking place as follows:

When	Where	Register attendance
Wednesday 22 January 10.30am – 12.30pm	Whiteley Village Hall 3A Octagon Road, KT12 4EG	Register here
Wednesday 29 January 6.30pm – 8.30pm	H.G. Wells Conference Centre Church Street East, Woking, GU21 6HJ	Register here
Wednesday 5 February 10am – 12pm	Hythe Centre 36 Thorpe Road, Staines, TW18 3HD	Register here

Table 5 – Engagement January / February 2020

The CCG is also seeking views from all members of the community including minority groups whose voices are often not heard through targeted outreach engagement, as well as holding a number of incentivised, representative focus groups to ensure we capture views widely from across the local population.