



GOVERNING BODY

Agenda Item No.	08
Reference No.	IESCCG 19-02
Date.	22 January 2019

Title	Felixstowe Minor Injury Unit (MIU) re-provision and Frailty Offer
Lead Chief Officer	Richard Watson, Deputy Accountable Officer and Chief Transformation Officer
Author(s)	Rachel Bottomley, Senior Transformation Lead Trudy Woor, Project Manager
Purpose	<p>To seek ratification from Governing Body on proposal to re-provide the Felixstowe MIU service and, in time, deliver a new Frailty Offer for local people.</p> <p>The MIU re-provision elements proposed relate to booking into the service and opening hours. From 1st April 2019 it is proposed that the service will move to a bookable only service accessed via local GP practices or NHS111 in line with NHS England guidance. The second element proposed is that the MIU opening hours will reduce so the service will be open from 8am – 8pm each day in line with patient utilisation.</p> <p>The proposed new Frailty Offer for local people will further enhance health and care services in the local area building on service integration and practice.</p>

Applicable CCG Clinical Priorities:

1.	To promote self care	Yes
2.	To ensure high quality local services where possible	Yes
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	Yes
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	Yes
8.	To allow patients to die with dignity & compassion & to choose their place of death	Yes
9.	To ensure that the CCG operates within agreed budgets	

Action required by Governing Body:

- To ratify proposal for Felixstowe MIU re-provision and new local Frailty Offer
- To note Phase 1 and Phase 2 deliverables and timescales

1. Background

- 1.1 As part of the process for designating an Urgent Treatment Centre (UTC)¹ in Ipswich and East Suffolk, a desktop review of the Felixstowe Minor Injury Unit (MIU) was undertaken late in 2017. The MIU met 11 of the 27 NHS England (NHSE) criteria (see **Appendix 1**). In March 2018 Ipswich and East Suffolk Clinical Commissioning Group (CCG) advised NHS England (NHSE) that the MIU would be not seeking designation as a UTC.
- 1.2 Although the MIU did not meet the UTC standards for designation, the mandate from NHSE has been that walk-in functions need to be re-configured to be replaced by a GP-led 'hub'-style model. This would enable patients' needs to be assessed so that they can be signposted to local services appropriately.
- 1.3 It was subsequently agreed by the Ipswich and East Suffolk Integrated Care Network (ICN) in February 2018 to pursue an option to look at a proposal to further develop the existing MIU service (which is being used on average by just one new patient an hour) to potentially establish an integrated urgent care hub. It was proposed that this would be hosted in either the current MIU or one of the Felixstowe GP practices. It was also proposed that the hub would be accessed by bookable appointments only (no walk in option) and provided by a multi-disciplinary team (MDT) consisting of General Practitioner (GPs), Advanced Nurse Practitioners, staff nurses, generic workers, and potentially community paramedics, physiotherapists and mental health workers. The recommendation to explore this option was further endorsed at Clinical Executive Committee (CEC) in February 2018.
- 1.4 During 2018 a number of Workshops were held in May, June and July to further develop the option above focusing on all the services run from Felixstowe's MIU and how to:
 - Deliver a centralised hub model for integrated urgent care,
 - Achieve greater collaboration between primary care and other system providers,
 - Work in a multi-disciplinary environment,
 - Ensure patients are seen by the right people, in the right place at the right time, in the most effective and efficient way.
- 1.5 The workshop, led by Ipswich and East Suffolk CCG management and clinical team. included representation of MIU staff members, Suffolk GP Federation, Ipswich Hospital Trust Community Directorate, representation from each Felixstowe practice, Healthwatch, patient representation and the Local Medical Council.
- 1.6 From August 2018, it was agreed to set up a multi-agency Task and Finish Group to work up the detail of the proposal outlining how the MIU would be provided in the future. It also looked at how specifically we proactively manage the frail population of Felixstowe as an integrated health and care system building on work and practice already in place. The Task and Finish Group met (and continue to meet) on a six weekly basis. On 1 November 2018 a 'Frailty Offer' proposal was presented at the meeting and endorsed by all group members. The full proposal is attached at **Appendix 2** and the key elements of the frailty offer (slides 14-15) are set out below.

¹ The Urgent and Emergency Delivery Plan from NHSE outlined the roll out of standardise new Urgent Treatment Centres (UTCs). The aim being to reduce the current confusion between Walk In Centres (WICs), Minor Injury Units (MIU's), extended access hours etc, and ensure that patients' have a clear understanding of the service offer expected at a UTC anywhere in the country.

2. Proposed Frailty Offer

The frailty offer will provide a proactive integrated service approach to support the frail population of Felixstowe.

The frailty offer will support moderate to severe frailty and the Integrated Neighbourhood Teams (INTs) will be key to supporting ongoing care planning and pull based discharge from inpatient setting and admission avoidance services when patients needs escalate through a range of prevention and wellbeing services.

On the day urgent care for minor injuries will continue to be available for all ages through a new bookable system and the minor injury service will work closely with the frailty service to support frail older population.

The frailty offer will comprise a range of health and care professionals and will link with local services and specialist services as required to bring in professional expertise and input to support return to independence.

3. Proposed Frailty Service Offer

The frailty offer will bring in input from local health and social care teams providing the following service elements:

1. From 1st April 2019 on the day bookable minor injury care seven days a week 8 – 8 for all ages and a service offer to be developed for frail elderly housebound and care home residents. This will be linked to care navigation signposting patients to community/social care and Voluntary and Community Sector (VCS) services. Minor injury care will be bookable via 111 and local GP practices.
2. Local frailty clinic staffed by a multi-disciplinary team under the governance of a consultant geriatrician working closely with local GP practices to identify and support patients – offer would include:
 - Joint health and social care assessment and support plan including assessments for carers
 - Diagnostics including blood tests, x-rays, ECG and minor injury care as required
 - Frailty advice and falls prevention for patients including strength and balance exercise classes
 - Advanced care planning and My Care Wishes support for patients
 - Signposting to local healthy lifestyle services including local VCS, social prescribing and community networks
 - Frailty management support to local care homes.
3. Proactive pull based discharge from acute and community in-patient beds setting and Reactive Emergency Assessment Community Team (REACT) by INTs to support reablement back to patients home or care home.

These proposals will build on existing transformation initiatives in the local area including establishing a frequent fallers MDT, roll out of My Care Wishes to support advanced care planning and proactive discharge planning by community teams from acute and community inpatient bed settings to support reablement.

The proposal will also be supported by ongoing health and integration developments in the Felixstowe area including a proposed move in the future to a Joint Health and Care Team

Manager, further integration of health and care services complementing those already based at Felixstowe Community Hospital and joint assessment and care planning.

4. **Mobilisation – Phase 1 and Phase 2**

There will be phasing of the proposal with phase 1 in place from 1 April 2019 and phase 2 (which focuses on the frailty offer) to be worked up in more detail early in 2019. The proposed phasing is as follows:

Phase 1 Mobilisation – From 01.04.19	Phase 2 Mobilisation – To be fully scoped but planning / scoping to take place fortnightly from January 2019.
Frailty Offer <ul style="list-style-type: none"> • INT MDT for frail elderly at risk of falling fully mobilised and embedded • My Care Wishes in place for frail population to support advanced care planning • Pull based discharge by INTs from community in-patient beds and REACT to facilitate reablement 	Frailty Offer <ul style="list-style-type: none"> • Frailty clinic operational at Felixstowe Community Hospital linking in wider MDT • Frailty management support to local care homes
On the day urgent care to support frail population <ul style="list-style-type: none"> • Bookable MIU appointments for all ages offered from 8am – 8pm 	On the day urgent care to support frail population <ul style="list-style-type: none"> • MIU team to deliver service offer to frail elderly housebound and care homes residents
	Integration of local teams to support frail population <ul style="list-style-type: none"> • Joint Health and Care Team Manager in post • Co-location of social care team with community health team • Joint assessment and care planning processes

A project initiation document has been developed and workstreams established to mobilise and deliver the project reporting to the task and finish group.

5. **Engagement**

This proposal was approved by the Task and Finish Group on 1 November 2018 and was subsequently endorsed by system leaders at the System Flow Programme Board and the CCG Clinical Executive Committee during November 2018.

On December 3rd and 7th the outline proposals were shared at two public drop in events by members of the Task and Finish group at the Orwell Hotel, Hamilton Road, Felixstowe. Around 50 members of the public attended both sessions and there was broad support for the proposals, following explanation. The frailty offer aspect was received positively.

Key issues raised were as follows:

- *Timely access by phone to book the MIU appointment via NHS 111 and local GP practices* - Members of the public were assured that the average wait time for a

NHS 111 is just over a minute and the CCG are not aware of any current issues regarding long waiting times for telephone access to GP surgeries in the town.

- *Can local people book an appointment direct with the MIU direct* - It was explained to local people that in line with NHS England guidance around urgent treatment local people should access services via their local GP practice or NHS111 so they can be appropriately referred or booked-in in line with their care needs. Access via NHS 111 also ensures that local people will have a 24/7 response for their care needs.
- *How visitors to Felixstowe will know that the walk in has ceased from April 2019?* A review of activity has indicated that although MIU volumes do increase over the summer months, the majority of attendances continue to be by patients registered with a Felixstowe GP practice (93%), and not from other Ipswich and East Suffolk CCG GP practices nor from out of area patients. This would suggest that people visiting the area for holidays are not the highest users of the unit.
- Other issues raised related to local buses routes to ESNEFT (Ipswich site) and the impact of housing developments on local NHS services. These issues will be shared with our local authority partners as part of ongoing planning and developments.
- There was also a suggestion that future information about the project be cascaded to local GP practices and the library. The CCGs' communications team, working with patient representatives, have created information about the project shared with these venues. In addition, an article has been agreed for the Felixstowe Flyer (which has a readership of 30,000) about the proposal and FAQs which will be published in January 2019.

This feedback was presented to the Task and Finish Group on 13 December. It was agreed that the feedback from the public engagement events meant the draft proposal could move forward. The issues and feedback raised above however would be addressed by workstream leads as part of ongoing mobilisation planning and delivery.

6. Key Issues

- 6.1 The key issues for service re-provision and service development as part of Phase 1 and Phase 2 delivery are as follows.

Phase 1

Bookable Appointments

In line with NHS England guidance around urgent treatment local people should access services via their local GP practice or NHS111 so they can be appropriately referred or booked-in in line with their care needs. From 1 April 2019 local people who require minor injury care will need to book their appointment via NHS 111 or their local GP surgery. The MIU service will cease to run as a walk in service.

The IT workstream have sourced appropriate hardware and equipment to set up the unit required to support directly bookable appointments from GP surgeries / 111 into the MIU. There has been agreement that the GP Federation will use their existing SystmOne unit for the Felixstowe MIU service that is currently used for the GP+ service.

Change of MIU Opening Times

The MIU service will move from its current opening hours from 7am – 10pm every day of the week to 8am – 8pm every day of the week. This proposed reduction in hours from 15 hours per day to 12 hours per day follows an audit of patient activity during the period from October 2017 and September 2018 which evidenced that the equivalent of 0.23 patients per day walked into the MIU from 7-8am, and 0.62 patients from 8-9am. The numbers were roughly the same in the evening from 8-10pm. On this basis, the Task and Finish Group agreed to propose to reduce the opening hours to 12 hours a day from 8am – 8pm.

There was no issue raised about this as part of the public engagement events and it has been agreed by provider colleagues that no staff consultation is required for this change as the change in hours will not impact MIU staff terms and conditions.

Communication of service developments to local people

The changes in relation to access and opening hours will need to be clearly communicated to local Felixstowe people.

The Communication workstream has a plan in place covering January – March 2019 to help manage the transition.

Phase 2:

Frailty Service Offer

As the frailty service offer elements will be worked up early during 2019. There will be a review of current clinical activity and the MIU and community workforce to assess potential options for re-provision/re-directing resource to deliver Comprehensive Geriatric Approach (CGA) as part of frailty clinic offer and support to nursing homes. The aim is to deliver the frailty offer within existing provider budgets but this will need to be fully scoped early in 2019.

Integration of local teams to support frailty offer – Workforce and Estates

The longer-term project costs identified may relate to estates changes including IT to support further co-location of the social care team with community and MIU staff at Felixstowe Community Hospital. These developments will be dependent upon staffing/clinical model of the frailty offer and linked to wider INT developments in Felixstowe.

There are potential workforce development implications in line with development of the frailty offer as the MIU team integrate further with community and social care teams to deliver the Frailty offer. This includes training and education around the Comprehensive Geriatric Approach (CGA).

It has been agreed that staff will be consulted as appropriate and fully engaged as the frailty offer proposals are worked up fully during 2019.

Communication of service developments to local people

Project Communications to local people will need to continue during 2019/20 in line with frailty offer service developments.

The Communication workstream will develop a plan for 2019/20 to ensure local people are involved and informed.

7. Patient and Public Engagement (if appropriate)

7.1 During the project there has been patient and public engagement at all stages from inception, planning, proposal development and public engagement of the proposals.

7.2 A summary of patient and public engagement is as follows:

- Workshops held in May, June and July 2018 – representation from patient representatives and Healthwatch
- Task and Finish Group established from August 2018 – representation from patient representatives
- Project briefing taken to Health Overview Scrutiny Committee - July 2018
- Dedicated workshop for the PPGs / Felixstowe patient representatives – July 2018
- Felixstowe Town Council briefing - August 2018
- BBC Radio Suffolk live interview – November 2018
- Public drop in events – 3rd and 7th December 2018
- FAQs circulated to all four Felixstowe GP practices and town's library in December following public drop in events (FAQs Attached at **Appendix 3**)
- Felixstowe Flyer article about the planned developments and FAQs – January 2019

8. Recommendation

- To ratify proposal for Felixstowe MIU re-provision and local Frailty Offer
- To note Phase 1 and Phase 2 deliverables and timescales

Appendix 1: Felixstowe MIU compliance against UTC standards

Standard No.	Standard	Felixstowe MIU Current Position	RAG - meets standards
1	Open at least 12 hours per day, 7 days a week including bank holidays	Open 7- 10	Yes
2	Pre-bookable same day and walk-in appointments. Patients to be encouraged to use NHS 111 first whenever urgent need arises	Only booked appointments are follow up and Venepuncture appointments. Not currently linked to 111	No (dependent upon IUCS implementation)
3	Support patients to self-care and use community pharmacy where appropriate	Self-care is promoted where possible	Yes
4	Effective and consistent approach to primary prioritisation of walk-in and pre-booked appointments, and allocation of pre-booked routine and same day appointments	There is clear separation of pre booked and walk in patients so prioritisation is clear and well managed	Yes
5	UTC appointments should be booked by single telephone call to NHS111 as primary route to access an appointment	Currently appointments are handled in house and there is no link to 111 or the CCC	No (dependent upon IUCS implementation)
6	Walk-in patients to UTC will be clinically assessed within 15 minutes of arrival, but prioritised for treatment, over pre-booked appointments where this is clinically necessary	All walk in patients are assessed within 15 min (also see Standard 4 above)	Yes
7	Following clinical assessment, patients will be given appointment slot, no more than 2 hours after time of arrival	All patients are currently seen within two hours of arrival	Yes
8	Patients with pre-booked appointments through NHS111 should be seen and treated within 30 minutes of their appointment time	See standard 5	No (dependent upon IUCS implementation)
9	Protocols need to be place to manage critically ill and injured adults and children who arrive at an UTC expectedly	Compliant with this standard	Yes
10	Appropriately trained MDT clinical workforce, usually under the clinical leadership of a GP	Nurse led unit with support from GP's not based on site and GP's on site in the evening and out of hours. No formal support arrangements from IHT ED	Partly
11	Scope of practice to include minor illness and injury in adults and children of any age	Minor injury treated. Minor illness currently go to primary care	Partly
12	Access to investigations Inc. ECG, near patient testing, swabs, urine dipstick and culture, pregnancy testing	Currently do not have near patient blood testing diagnostics (apart from blood glucose). Access to ECG, urine dipsticks, swabs	Partly

Standard No.	Standard	Felixstowe MIU Current Position	RAG - meets standards
		etc. Diagnostics are accessed via pathology at IHT.	
13	Bedside diagnostics and plain x-ray facilities are desirable particularly when UTC not collocated with an A&E	X-ray facility is co-located and available four mornings a week. The equipment is nearing end of life and further work could be done to smooth the referral pathway	Partly
14	Able to issue prescriptions, including repeat prescriptions and e-prescriptions	Prescribing is supported through PGD's there is no e-prescribing on site	No (dependent upon digital access)
15	Able to provide emergency contraception	Compliant with this standard	Yes
16	Direct access to local mental health advice and services	No specific arrangements for accessing Mental Health advice is in place	No
17	Access to up to date electronic patient care record; summary or local equivalent	Currently there is access to S1 and the summary care record but there is no electronic record in use.	Partly
18	Ability for other services to electronically book appointments in UTC directly, and relevant flags or crisis data should be made available for patients	Not compliant see standard 5	No (dependent upon digital access)
19	Patients registered GP to be notified about the clinical outcome of a patients intervention within the UTC via a Post Event Message, accompanied with real-time update of the eSCR	Not compliant for adults – as no electronic notification system in place. However compliant for children – where we notify OGP, Health Visitor (under 5) and school nurses (over 5)	Partly
20	System interoperability to make use of Nationally defined interoperability and data standards	No (dependent upon digital access)	No (dependent upon digital access)
21	Capacity and waiting data to be available in real time	No capacity reporting system in place	No
22	Align with the IUC technical standards	No formal alignment in place	No (dependent upon digital access)
23	Provide necessary range of services to enable people with communication challenges to access sign language, interpretation and	Compliant	Yes

Standard No.	Standard	Felixstowe MIU Current Position	RAG - meets standards
	translation services		
24	Patients to be provided with health and well-being advice and signposting to local community and social care services where they can self-refer	Compliant	Yes
25	Collect contemporaneous quantitative and qualitative data, including patient experience. From October 2018 all UTC's will be part of ECDS returns	Patient experience is reported but needs to be reviewed to ensure compliant with the new ECDS	Partly
26	All practitioners to receive training in principles of safe guarding children, vulnerable and older adults	Compliant	Yes
27	Ensure child protection information sharing system is in use to identify vulnerable children on CPP, LAC or in utero	Compliant	Yes



Felixstowe Integrated Services

A Proactive Frailty Offer for the Local Community

Outline Proposal for Ratification by Governing Body

22nd January 2019

Purpose and Summary

- To seek ratification from Governing Body on proposal to re-provide the Felixstowe MIU service and delivery of a new Frailty Offer for local people.
- The MIU re-provision elements proposed relate to booking into the service and opening hours. From 1st April 2019 it is proposed that the service will move to a bookable only service accessed via local GP practices or NHS111 in line with NHS England guidance. The second element proposed is that the MIU opening hours will reduce so the service will be open from 8am – 8pm each day in line with patient utilisation.
- The proposed new Frailty Offer for local people will further enhance health and care services in the local area building on service integration and practice.



Presentation Overview

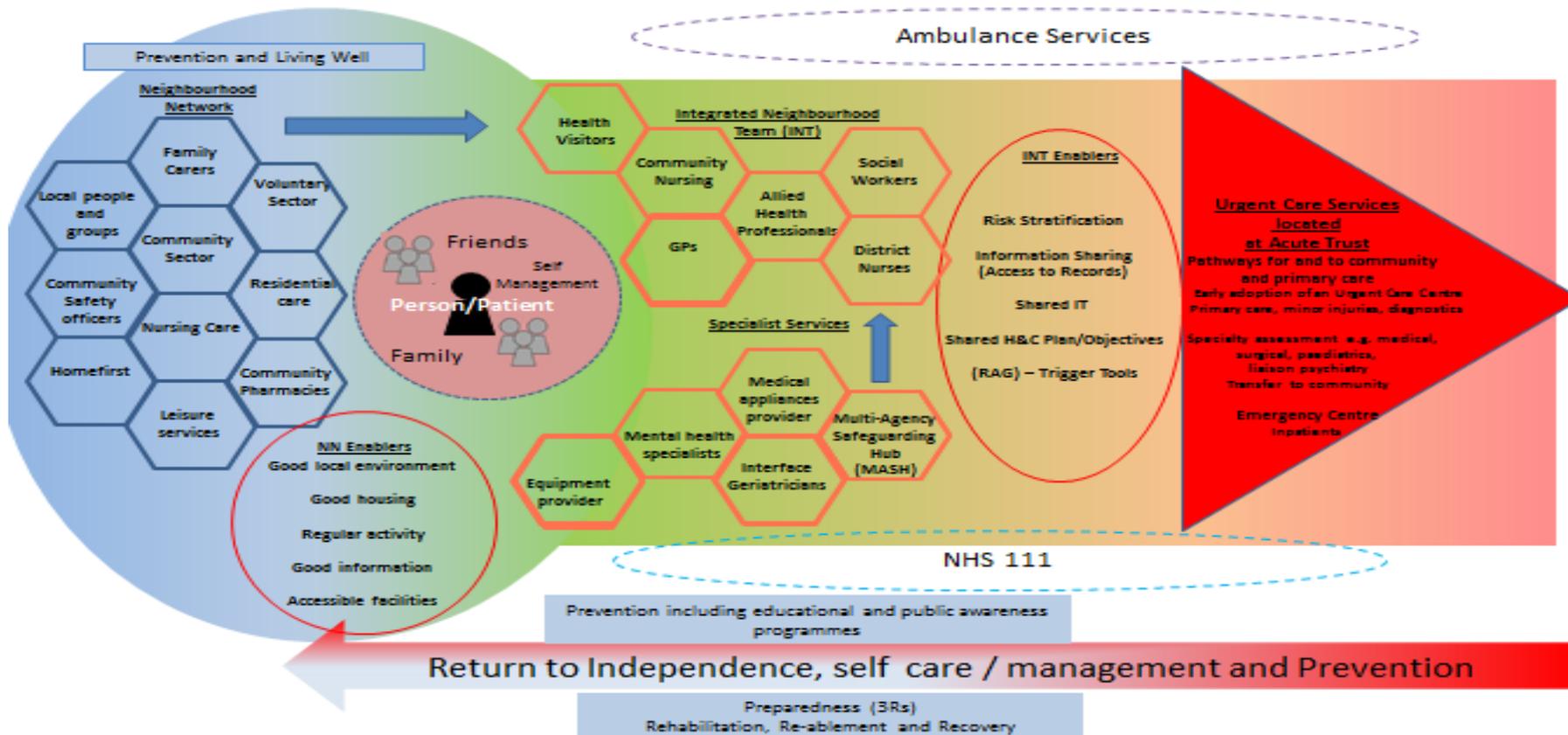
- Context and local health needs
- Integration vision and clinical guidelines for management of older frail population
- Service mapping and existing integration and transformation initiatives
- Service gaps and opportunities
- Proposed frailty offer and phasing
- Next steps and timescales

Context and Rationale

- Outline proposal based on:
 - Suffolk Health and Care Review and learning from other localities in Suffolk
 - National Complex Geriatric Assessment (CGA) Approach and local health needs assessment
 - Scoping of Minor Injury Unit (MIU) early in 2018 and views from workshops held in Felixstowe during summer 2018 identifying opportunities for local service development to meet needs of local population – representation from range of health and care providers, patients, Healthwatch Suffolk and local Voluntary and Community Services (VCS)
 - Stocktake of existing integration and transformation initiatives in Felixstowe
- Local Health Needs
 - Increasing, ageing frail population - with the exception of Haven Health, practices have a higher than average number of registered patients over the age of 65, in comparison to the rest of IESCCG practices
 - Increasing emergency response for falls - patients registered with Felixstowe GP practices access ambulatory (same day emergency care) more frequently in comparison to other IESCCG patients.
 - 20% of Frailty Assessment Base (FAB) case load relates to Felixstowe population
 - Good partnership working but recognition that local services are not yet fully integrated in Felixstowe for elderly frail population

Suffolk Health and Care Review (2014)

Integrated Health and Care Pathway





National Complex Geriatric Assessment (CGA) Approach

The British Geriatrics Society view is that there are some significant changes that would help to support and strengthen the delivery of primary care for older people living with frailty, whether mild, moderate or severe, and as people approach the end of life.

This would help to ensure that older people are able to access the right care at the right time, would focus on prevention of deterioration and optimisation of independence, and help to better realise the benefits of financial investment.

Extracted from Position statement on primary care for older people, 2018

CGA Approach



Supported by workforce strategy and culture change

Key outcomes sought for local older population

- Collaborative and whole system integrated approach to risk stratification, frailty assessment and management co-ordinating services around the individual that will promote healthy ageing
- Proactively managing frailty moving from a reactive and crisis driven approach to a local timely on the day urgent response
- Long term conditions management and advanced care planning in all care settings for those approaching End of Life

Health and Care Services in Felixstowe

- Felixstowe Community Hospital – 16 in-patient beds, range of outpatient clinics e.g. leg dressing clinic, phlebotomy and diagnostics
- Community nursing, Community Matron and therapy team
- GP Practices - Howard House, Haven Health, Grove and Walton
- GP + offering extended hours
- Adult social care team based at Queens Rd but some co-location with community hospital and at Grove Medical Centre
- HomeFirst providing home care and support
- 14 Care Homes, c 430 beds – Nursing and Residential
- Domiciliary care agencies
- Primary and secondary care mental health
- Voluntary and Community Services (VCS) – Age UK Suffolk, Suffolk Family Carers, Parish nursing service, Dementia awareness
- Community dental service

Current Integration and transformation Initiatives

- **Felixstowe Integrated Neighbourhood Team (INT)** – closer working between health and social care teams to join up care for patients - established 2016
- **Frailty Identification through GP Contract** – since 2017, requirement for GPs to practice routine frailty identification for patients who are 65 and over living with moderate or severe frailty. Patients living with severe frailty receive clinical review including medication review.
- **End of Life (EOL) Programme** – My Care Wishes (MCW) review ongoing to assist advanced care planning and Maynell and Foxgrove care homes both signed up on the EOL accreditation programme
- **Mental Health transformation agenda** – alignment of mental health services and initiatives with localities

Current Integration and transformation Initiatives

- **Primary Care Hub working** – 3 practices share on the day appointments after 3pm
- **Care Homes programme** – Care Home Local Enhanced Service (LES) and Care Homes demand management programme
- **Falls and Fragility Fractures** – Frequent faller multi-disciplinary team (MDT) established with key providers and development of a community based urgent care response for crisis/falls by enhancing the Reactive Emergency Assessment Community Team (REACT) over winter 18/19
- **Felixstowe Community Hospital in-patient bed re-design** - as part of Discharge to Assess (D2A) Programme embedding best practice from STARR Centre – From July 2018
- **Social Prescribing** – Rolling out social prescribing link worker model to 4 practices and community hospital

Where are the gaps in the current approach?

- Identifying need/unmet need – frailty identification by GPs of moderate/severe patients and how this information is shared with wider health and care team (INT)
- Ensure advanced care planning/MCW taking place in all care settings
- How Care Homes can be supported in frailty management
- Community based urgent response for falls and crisis preventing the escalation of acute illness i.e. infection, UTI
- Pull based discharge and role of INTs – how patients are being discharged and supported/re-enabled back to home/place residence when care needs escalate



Where are the opportunities?

- Bespoke integrated frailty service offer alongside primary care services – developing a bespoke frailty offer for Felixstowe population
- Recent Minor Injury Unit scoping around demand and capacity – further opportunities for minor injury function to integrate with other health and care services and support frail population
- Support to Care Homes – how local health and care services can support care homes to manage frail older population
- Further join up of health and social services building on existing services and practice and signposting to wider health and well being services and VCS – potential to build on existing co-location at Felixstowe Community Hospital of community healthcare team and social care bringing in other agencies

Where are the opportunities?

- **Integrated Team Management** – Bringing together health and social care teams in a more formal arrangement linking with VCS building on integration work to date to support frailty offer, single assessment, shared care planning and roll out of MCW – In East Suffolk there are 3 Joint Team Managers at INT level
- **GP Frailty Identification** – proactive care management sharing this information, with patient consent, to hub/local integrated neighbourhood team to proactively support, frailty management key function of INTs
- **Workforce development** – Opportunities for staff working in health and care to develop new skills in frailty management to support local population competency training
- **Social Prescribing PPG £** - opportunity to utilise funding in Felixstowe for frailty prevention offer e.g. strength and balance training



Proposed Frailty Offer

The frailty offer will provide a proactive integrated service approach to support the frail population of Felixstowe.

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On the day urgent care for minor injuries will continue to be available for all ages through a new bookable system and the minor injury service will work closely with the frailty service to support frail older population

The frailty offer will comprise a range of health and care professionals and will link with local services and specialist services as required to bring in professional expertise and input to support return to independence.

Proposed Frailty Service Offer

The frailty offer will bring in input from local health and social care teams providing the following services for local people:

1. On the day bookable minor injury care 7 days a week 8 – 8 all ages and a service offer to be developed for frail elderly housebound and care home residents. This will be linked to care navigation signposting patients to community/social care and voluntary and community sector (VCS) services. Minor injury care will be bookable via 111 and local GP practices.
2. Local frailty clinic staffed by a multi disciplinary team under the governance of a consultant geriatrician working closely with local GP practices to identify and support patients – offer would include:
 - Joint health and social care assessment and support plan including assessments for carers
 - Diagnostics including blood tests, X-rays, ECG and minor injury care as required
 - Frailty advice and falls prevention for patients including strength and balance exercise classes
 - Advanced care planning and My Care Wishes support for patients
 - Signposting to local healthy lifestyle services including local VCS, social prescribing and community networks
 - Frailty management support to local Care Homes
3. Proactive pull based discharge from acute and community in-patient beds setting and the Reactive Emergency Assessment Community Team (REACT) by INTs to support reablement back to patients home or Care Home.

Proposed Frailty Offer

The proposed local frailty services will work closely with and establish links with:

- Local GP Practices
- Social Care Services / Adult Community Services (ACS) and HomeFirst
- Community health services
- VCS and health and well being services
- 111
- Frailty Assessment Base (FAB) for specialist support and advice
- REACT for community based urgent response for crisis
- Ipswich Hospital Trust
- St Elizabeth Hospice for specialist EOL support and advice
- Local Mental Health and Wellbeing Services
- East of England Ambulance Service (EEAST)

Proposed Phasing of Frailty Offer

Phase 1 Mobilisation – From 01.04.19	Phase 2 Mobilisation – To be fully scoped but planning / scoping to take place fortnightly from January 2019.
<p>Frailty Offer</p> <ul style="list-style-type: none"> • INT MDT for frail elderly at risk of falling fully mobilised and embedded • My Care Wishes in place for frail population to support advanced care planning • Pull based discharge by INTs from community in-patient beds and REACT to facilitate reablement 	<p>Frailty Offer</p> <ul style="list-style-type: none"> • Frailty clinic operational at Felixstowe Community Hospital linking in wider MDT • Frailty management support to local Care Homes
<p>On the day urgent care to support frail population</p> <ul style="list-style-type: none"> • Bookable MIU appointments for all ages offered from 8am – 8pm (tbc) 	<p>On the day urgent care to support frail population</p> <ul style="list-style-type: none"> • MIU team to deliver service offer to frail elderly housebound and care homes residents
	<p>Integration of local teams to support frail population</p> <ul style="list-style-type: none"> • Joint Health and Care Team Manager in post • Co-location of social care team with community health team • Joint assessment and care planning processes

Engagement of proposed Frailty Offer with local people

- Two public engagement drop in events were organised at the Orwell Hotel in Felixstowe on 3rd and 7th December 2018 to share the proposals
- Around 50 members of the public attended both sessions and there was broad support for the proposals following explanation and the frailty offer aspect in particular was positively received.
- Key issues raised were as follows:
 - **Timely access by phone to book the MIU appointment via NHS 111 and local GP practices** - Members of the public were assured that the average wait time for a NHS 111 is just over a minute and the CCG are not aware of any current issues regarding long waiting times for telephone access to GP surgeries in the town.
 - **Can local people book an appointment direct with the MIU direct** - It was explained to local people that in line with NHS England guidance around urgent treatment local people should access services via their local GP practice or NHS111 so they can be appropriately referred or booked-in in line with their care needs. Access via NHS 111 also ensures that local people will have a 24/7 response for their care needs.

Engagement of Service Offer with local people

- **How visitors to Felixstowe will know that the walk in element has ceased from April 2019.** This is being looked at by the CCG communications team as part of ongoing project communications and signage but a review of activity has indicated that although MIU volumes do increase over the summer months, the majority of attendances continue to be by patients registered with a Felixstowe GP practice (93%), and not from other Ipswich and East Suffolk CCG GP practices or in fact from out of area patients. This would suggest that it is not people visiting the area for holidays that attend the unit, and local residents who utilise the service.
- **Other issues raised related to local buses routes to Ipswich hospital and the impact of housing developments on local NHS services.** These issues will be shared with our local authority partners as part of ongoing planning and developments.
- **There was also a suggestion that future information about the project be cascaded to local GP practices and the library.** The communications team at the CCG have taken this on board and information about the project (FAQs) has been disseminated to these venues. In addition, there is a planned article in the Felixstowe Flyer (which has a readership of 30,000) about the proposal and FAQs during January 2019.

This feedback was presented to the Task and Finish Group on 13th December where it was agreed that the feedback from the public engagement events above would not change the draft proposal. The issues and feedback raised above however would be addressed by workstream leads as part of ongoing mobilisation planning and delivery.



Delivery of Frailty Offer

A project initiation document has been scoped and a number of workstreams have been established to mobilise delivery of the frailty offer. The key workstreams are as follows:

- **Clinical and workforce development workstream** – to design and establish Frailty Clinic and wider frailty offer service elements including who will lead, staffing mix, training implications and clinic space requirements
- **IMT** - to support bookable service as part of phase 1 and supporting any future co-location and information sharing between practitioners as part of phase 2
- **Communications and Engagement** – for ongoing engagement and explaining/communicating new offer and services to local people
- **Finance modelling and contractual implications** – to scope any financial and contractual implications of delivering frailty offer for all elements above

Risks to delivery of service model

- Communication challenge for the GPs/nursing homes/public on explaining the new service offering
- Clinical engagement in development and leadership of new service
- Partnership working to plan and deliver new service model
- Change management capacity to work with health and care teams in delivery of new model
- Estates constraints for new frailty clinic and further co-location of services at Felixstowe hospital
- Budget / resources to finance/fund new service model and associated enabling workstreams
- Existing workforce and capacity of teams to be able to pick up the additional work that would be created
- IMT to deliver service model IT requirements

These risks will be scoped more fully as part of the mobilisation delivery workstream.

How we will know that the Frailty Offer has been successful?

We are aiming to see for local people:

- Avoided admissions to acute hospital and reduced readmission rates
- An increase in the number of frailty assessments and shared care and support plans
- An increase in the number of My Care Wishes completed as people approach end of life
- An increase in the number of local people supported to die in their preferred place of care
- Improved patient experience and satisfaction levels

Timetable

Milestone	Timescale
Review/Endorsement of Frailty Offer Service Model by: <ul style="list-style-type: none"> • Felixstowe Task and Finish Group • System Flow Programme Board • CCG Clinical Executive Committee 	01.11.18 06.11.18 20.11.18
Engagement of Frailty Offer service model with local people – engagement drop in sessions	03.12.18 07.12.18
Endorsement by Integrated Care Network (ICN) Endorsement/ratification by CCG Governing Body	08.01.19 22.01.19
Mobilisation Planning including milestones, timescales, resources, risks etc	Ongoing
Mobilisation of Phase 1	From 01.04.19
Mobilisation of Phase 2 - To be fully scoped but planning / scoping to take place fortnightly from January 2019.	TBA

Appendix 3: FAQs

Is the MIU closing?

No

What is changing at the MIU?

New NHS England guidelines mean that from April 1, 2019, people will no longer be able to walk into the Minor Injuries Unit at Felixstowe Community Hospital without first making an appointment. This is because NHS England is standardising access 24/7 to all the various urgent treatment centres, drop-in centres and minor injury units across the country.

However, it will still be possible for people to arrange same-day treatment at the MIU via your local GP practice or NHS111.

Why is the service changing?

In order to continue operating a walk-in service, the MIU would have to meet 27 strict criteria set out by NHS England in order to become an Urgent Care Centre, but it currently meets only 11 of them. Where these criteria can't be met, NHS England says walk-in facilities should be replaced by a GP-led 'hub'-style model where patients' needs can be assessed and they can be signposted to local services appropriately.

Will getting an appointment at the MIU involve me waiting for a call back from my GP or NHS111 while they contact the unit to see if one is available?

No, because all four Felixstowe GP practices and NHS111 will have online access to the MIU's appointments database and will be able to book an appointment for you when you ring them.

How can I be certain I won't have to wait ages to get through to 111 or my GP in the first place?

Currently, local callers to NHS111 wait (on average) just over a minute to get through to an adviser. We are not aware of any current issues regarding long waiting times for telephone access to GP surgeries in the town. You may have to wait a short while during busy times, but if you have a serious injury that requires immediate attention you should call 999. Even under the current walk-in system patients may still have to wait for treatment.

NHS111 is more likely to send you to A&E – how will they know about the MIU?

All NHS111 advisers have access to a local Directory of Services (DoS). We are currently designing a new algorithm in partnership with MIU staff and the local GP practices which will ensure that from April 1 all NHS 111 advisers will be aware of the services available at the MIU and be able to book appointments there, or with local surgeries, where appropriate.

Will I be able to book an appointment directly with the MIU?

No. In line with NHS England guidance around urgent treatment local people should access services via their local GP practice or NHS111 so they can be appropriately referred or booked-in in line with their care needs.

How many people does the MIU treat at present?

On average, only two people an hour use the walk-in facility, and one of these is usually a follow-up appointment that could be made with a local GP practice. The MIU is rarely used early in the morning or late at night.

Is there an influx of people to the MIU during the summer months?

Activity at the MIU is seasonal with peaks in the summer months. The majority of attendances continue to be by patients registered with a Felixstowe GP practice (93%), and not from other Ipswich and East Suffolk CCG GP practices or in fact from out of area patients. This would suggest

that it is not people visiting the area for holidays that attend the unit, and local residents who utilise the service.

Will there be a public consultation?

No. Consultation is a legal process required when an entire facility is to shut, which is not the case here.

Has there been any engagement with interested parties/stakeholders?

Yes, for the last six months CCG staff have been meeting with MIU staff, the Suffolk GP Federation, Community Health, local GP practices and members of local patient participation groups on how the change will be implemented and what other services could be provided from the MIU.

Can't we bring the MIU up to the standards required for a walk-in facility by doing some work to make it meet the criteria?

It would be prohibitively expensive to provide the level of GP, mental health and pharmacy cover required, as well as all the other clinical provision that would be needed to fit the criteria, and the cost could not be justified as there would be more staff than patients. It would be an incredibly inefficient use of resources.

Will the name of the unit change?

There are no firm plans to change the name of the MIU at present, but if it was felt to be necessary at a later stage we would look to canvass the opinions of local people on any new name through further public engagement.

Will the signage change?

Again there are no current plans to change signage but this may be necessary in future.

What hours will the MIU be operating from April 1, 2019?

It is likely that the MIU will be open from 8am to 8pm, seven days a week.

Is this the 'beginning of the end' for the MIU?

Absolutely not, in fact quite the contrary. We are currently working on detailed plans to locate a frailty clinic at the MIU. Due to it being a seaside town, Felixstowe has a higher than average elderly population. People are now living longer but many have multiple long-term conditions. Together with the town's GP practices, and local health and social care colleagues, we are designing a proactive frailty service that will work in the community, and alongside care homes, on falls prevention, end of life care and medication management. This will enable us to intervene earlier in the care of the town's elderly to prevent our first contact with them from occurring in A&E after a serious fall.

How will patients with hearing difficulties access the service if they have to ring their GP surgery?

Deaf people or those with hearing impairments can access a British Sign Language interpreter via the NHS Interpreter Now service using their laptop, phone or tablet by clicking on <http://www.interpreternow.co.uk/nhs111/>

Is the service going to change location in future (ie - have you sold the hospital building)?

No. The building is not ours to sell in any event.

If you have any questions regarding the forthcoming changes at the MIU please email them to comms@suffolk.nhs.uk and we'll do our best to answer them in time for the next edition of The Flyer.