

## Financial overview for Sunderland urgent care

### Introduction

SCCG is currently deemed to be overfunded by 17% according to the national funding formula for CCGs and as such, there is a need to deliver significant efficiencies across the system in order to secure system sustainability. SCCG is committed to meeting its financial duties which includes ensuring that it delivers value for money on the services that it commissions. The reform of UC services aims to contribute to these commitments whilst also improving and simplifying the service offer to the Sunderland population.

### Financial Objective

SCCG's financial plan assumes recurrent efficiencies from implementing a new model can deliver efficiency savings of £1.5m (£500k in 2018/19 and £1m in 2019/20). The financial modelling for this outline business case has been influenced by the UC planning work completed in collaboration with local partners, and the national 'must do's'.

### Current Cost of the Urgent Care Model

The total 2017/18 budgeted expenditure in relation to the current UC model is set out below. The below service lines cover contracts with differing time periods from a number of providers.

Service Line Description	£000s	Notes
Urgent Care Centres x 4	3,936	Service commissioned from September 2014.
Community based X-Ray Activity	166	Service has been in place for a number of financial years - part of larger acute contract.
Sunderland Extended Access Service	1,704	Newly commissioned service - mobilised in Sep 2017 for a number of hours. National directive requires extension of hours in Sep 2018.
ED Interface Teams	660	
GP Out of Hours Contract	1,785	Service commissioned from September 2015.
Existing 111 contract	956	
Winter Surge Funding	1,610	
<b>Total Current Urgent Care System Costs</b>	<b>10,817</b>	

Table 4: Current Cost of Urgent Care Model

### Provider Financial Stability Impact

SCCG is committed to minimising the potential impact on workforce from the potential proposed changes to the UC system in Sunderland (including avoiding where possible redundancy costs). A full workforce plan will be developed to ensure a smooth transition to the final agreed model.

At the time of writing this outline business case it is not possible to complete a financial sustainability impact of current providers as SCCG does not have access to the information required to complete this analysis.

## Modelling the scenarios for public consultation

The financial modelling is based around the potential proposed UC model that was outlined at the Co-design of UC and ED Interface workshop held on 15<sup>th</sup> November 2017. The financial modelling compares the 'do nothing' scenario against the potential proposed model from this workshop.

A number of variations of this modelling have been completed for the proposed model from the 15<sup>th</sup> November 2017 workshop. These all contain consistent assumptions with the exception of when the UC clinical model will be fully operational. These assumptions are set out below for information:

- three UCC contracts will cease (with varying timescales depending on a range of factors)
- the GP OOHs contract will cease at its planned contract end date of 30<sup>th</sup> September 2018 and all 'speak to' dispositions will transfer from the GP OOH contract to the IUC contract on 1<sup>st</sup> October 2018
- a home visiting service will be commissioned both for in-hours (to support practices and release GP capacity) and out of hours to cover the service previously provided by the GP OOHs (April 2018 for in hours and October 2018 for out of hours)
- the new IUC service will be fully operational by 1<sup>st</sup> October 2018
- SEAS will be operational for all hours required in each locality from September 2018 (providing eight hundred and fifty two appointments per week)
- general practice will be supported to transition to the new model through the proposed use of additional quality premium funding (released from PMS review) partly in 2018/19 and fully in 2019/20.

As noted above the final timescales have yet to be determined. Depending on the final timescale there is the potential to have a material impact on SCCG's current financial plans over 2018/19 and 2019/20. The table below outlines the financial impact of each of the options.

Timeline Options	Option Description	Cost Category	2018/19 £000's Recurrent & Non Recurrent	2018/19 £000's Recurrent & Non Recurrent	Recurrent Impact £000's
Current System Costs			10,817	10,817	10,817
Do Nothing	The Key assumptions - All Urgent Care Centres Remain Open. Potential pressures assumed for potential contract extensions. - GP OOH Contracting Ceasing (Sept 2018) - Home Visiting Service (In hours and Out of Hours elements) (Apr 2018 for In Hours & Oct 2018 for Out of Hours)	Urgent Care System Costs	11,080	10,505	10,197
		Pressure / (Efficiency) from Current System Costs	264	-311	-619
Timeline A	Urgent Care Strategy implementing in full from <b>November 2018</b> (Without any double running of Home Visiting Service: - Urgent Care Centre Contracts End (Mar 2019) with Extension Premium - GP OOH Contracting Ceasing (Sept 2018) - Home Visiting Service (In hours and Out of Hours elements) (Apr 2018 for In Hours & Oct 2018 for Out of Hours)	Urgent Care System Costs	10,317	9,817	9,317
		Pressure / (Efficiency) from Current System Costs	-500	-1,000	-1,500
Timeline B	Urgent Care Strategy implementing in full from <b>February 2019</b> (Without any double running of Home Visiting Service: - Urgent Care Centre Contracts End (Mar 2019) with Extension Premium - GP OOH Contracting Ceasing (Sept 2018) - Home Visiting Service (In hours and Out of Hours elements) (Apr 2018 for In Hours & Oct 2018 for Out of Hours)	Urgent Care System Costs	10,673	8,752	9,317
		Pressure / (Efficiency) from Current System Costs	-144	-2,065	-1,500
Timeline C	Urgent Care Strategy implementing in full from <b>April 2019</b> (Without any double running of Home Visiting Service: - Urgent Care Centre Contracts End (Mar 2019) with Extension Premium - GP OOH Contracting Ceasing (Sept 2018) - Home Visiting Service (In hours and Out of Hours elements) (Apr 2018 for In Hours & Oct 2018 for Out of Hours)	Urgent Care System Costs	11,128	8,392	9,317
		Pressure / (Efficiency) from Current System Costs	311	-2,425	-1,500

Table 5: Sunderland CCG Financial Modelling

As outlined earlier, SCCG's financial plan assumes £500k of efficiencies would be released in 2018/19. From table two, option A and option B are the only options which deliver against SCCG's financial plans for 2018/19 however all the options apart from do nothing would fully deliver against SCCG's efficiency requirements on a recurrent basis. There are a range of possibilities in between the October 2018 and April 2019 dates some of which are included above.

Both remaining scenarios being recommended to go to public consultation produce the same financial outputs. Therefore the timeline options included within table 5 are the same for each.

The financial impact against SCCG's plans will need to be balanced against allowing enough time for a safe transfer to the new model, NHS England assurance processes, and to ensure statutory duties in relation to public consultation are followed.

Some key points in relation to the potential proposed UC model should be noted:

- the additional costs included for activity has been based on estimated activity modelling. The activity modelling on which this has been based is informed by previous experience of closing an UCC within Sunderland, and also with other local areas who have adopted similar UC models. The expectation is that benchmarking with other local areas with similar demographics will ensure robust activity planning

- additional UTC activity has been modelled on funding the additional activity at cost, as opposed to being at tariff. This approach is in line with the current approach being taken between SCCG and the provider
- the modelling has included a series of scenarios to test the robustness of the financial modelling. These include funding activity at different levels, and in factoring in an additional 20% activity coming through the UTC
- part of the UC work involves workforce planning to recognise that if particular access points in the system are no longer in place the workforce affected could be re-deployed to other parts of the local UC (and wider health) system to enable service delivery of a new model and system resilience
- resource has been set aside to cover void and estates costs
- it is not anticipated that the proposed potential UC clinical model will require any capital expenditure
- funding of 10% has been allocated to a contingency / system sustainability fund to mitigate risks within the UC strategy and model, including the identified scenario planning, demographic changes and unforeseen costs.

Based on the above modelling the proposal potential UC clinical model is financially affordable on a recurrent basis, and as part of this assessment scenario planning has been completed to test the robustness of the financial modelling.

### Scenarios for consultation

The potential scenarios which were developed, including where each scenario was proposed and an appraisal of each scenario against the benefits criteria can be found in Appendix G.

Having assessed each of the scenarios against the five design principles, only two proposed scenarios (5 and 8 in Appendix G in outline business case) meet all the appraisal criteria. Therefore, SCCG is seeking to take these two scenarios to public consultation. For clarity the two scenarios for public consultation set out below have been labelled A and B to avoid confusion with the numbered long list set out in Appendix G.

In the proposed scenarios:

- general practice core service refers to services accessible during normal working hours from a patients' general practice, including the GP, nurses and healthcare assistants. The opening hours for general practices vary but usually include from 08:00 to 18:00 Monday to Friday excluding bank holidays.
- Sunderland Extended Access Service (SEAS) refers to the additional general practice appointments currently available across the city and delivered in each of the five localities from one central practice. This service is already operational and further details can be found in section 3.22 of this document.
- ED streaming refers to the clinical triage of people presenting at the CHS ED. People are streamed to the most appropriate clinician for their health needs, which may include a GP as part of the ED Interface service which is currently in development as part of the Out of Hospital model and ED Interface work.

### Scenario A

Replace services with:

- General practice (core and five Sunderland Extended Access Service locality hubs) consumes all UCC activity 08:00 – 20:30
- ED Interface

- Minor Injuries are seen at the UTC within the acute footprint (ED overnight)

### Scenario B

Replace services with:

- General practice (core and four Sunderland Extended Access Service locality hubs) consumes all UCC activity 08:00 – 20:30
- ED Interface
- Minor Injuries are seen at the UTC within the acute footprint (ED overnight)
- One Sunderland Extended Access Service locality hub integrated with the UTC (within the acute footprint and in addition to the four Sunderland Extended Access Service locality hubs)

The following two diagrams illustrate these scenarios:

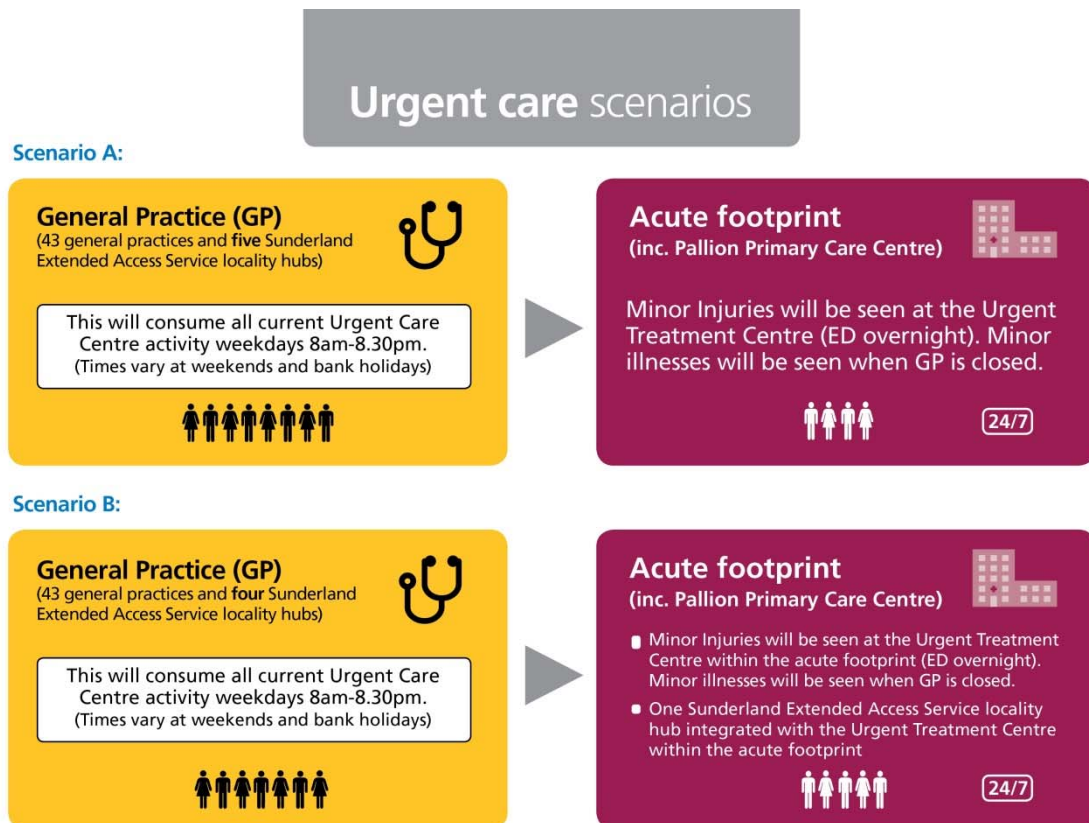


Figure 32: The two scenarios for public consultation

# Proposed potential urgent care services model



Figure 33: Proposed potential urgent care service model