

Stockton-On-Tees Borough Council – Adults and Children’s Services

Select Committee Member Visit

Service visited: Integrated Urgent Care Service (North Tees and Hartlepool NHS Foundation Trust)	
Date of visit: 1 November 2017	Time of visit: 1pm
Details of main contact during visit	
Name: Sally Thompson	
Job Title: Associate Director, Operations (Emergency and Anaesthetic Care Services)	
What did you see?	
<p>Members received a presentation in a seminar room, and were provided with a tour of the facility at North Tees which is located adjacent to A and E. There is a separate waiting area for children, five treatment rooms, and a dedicated plaster room. X-ray is accessed via the main hospital facilities.</p>	
Who did you talk to – staff / service users / family / carers?	
<p>The visit was hosted by clinical lead for A and E, consultant lead for Urgent Care service, lead nurses, and senior managers. During the tour, Members spoke with nurses in between appointments.</p> <p>Members spoke with a number of the patients in the waiting room. This included one mother who had two children and was waiting to be admitted, a stroke patient seeking advice in medication, and a teenager with an injured wrist. The waiting room was busy but calm. Some patients had waited for around an hour.</p>	
What were the key issues arising from the visit?	
<p>The IUCS had been operating since April 2017. It was provided by NTH Trust, NEAS, and the GP Federation in an alliance. There was executive membership on the Alliance Board from each of the partners</p> <p>The integrated approach ensures GP-led appointments and minor injuries are dealt by the same service, using a primary care ethos but with support from A and E consultants. Home visits are also available. There is always a GP on site at both Hartlepool and North Tees, with a third GP available on call for visits, although most home visits are led by paramedics/advanced practitioners.</p> <p>There had been a good response to the publicity around Talk Before You Walk to ensure patients access the right service first time. Patients are using NHS111 to book appointments for injuries, as well as minor illnesses. This gives certainty for people in terms of when they will be seen, without having to wait.</p> <p>The booking system via NHS 111 is working well, and enables the making of appointments. The service uses System 1 which is the same as most local GP surgeries which allows access to most patient records.</p> <p>A busy day could see around 200 visits. Afternoons and evenings are the busier periods generally. The May Bank holiday saw a high volume of patients and led to improvements in the way the service was run. A 24/7 reception is now provided following feedback and consultation with staff. Regular forums were held to review progress.</p> <p>Nurse led triage at the Emergency Department directs appropriate patients to the adjacent IUCS service, and the triage process at IUCS directs patients to the ED where necessary. The Emergency Department has seen a clear impact following the introduction of the IUCS, with an improvement in the 4 hour waiting time, and less walk-in activity in the waiting room. A and E staff are now more able to clearly identify the most sick patients,</p>	

and those with minor injuries do not have to wait as long as they would have done for treatment.

There is a 'light' approach to diagnostics, with access to X-ray and limited blood tests. X rays are reviewed next day by A and E staff, who provide a Professional Advice Function to the service as a whole. If an admission are not required but the issue needs further treatment, 'hot clinics' are available the next day with relevant hospital specialties.

The Service has been able to improve local Palliative Care. The team is able to provide a GP call back function for paramedic and community based staff who request advice on whether to admit a patient. This was now achieved within 15-20 minutes of the request, which was an achievement on the previous position.

It was important that the IUCS enabled GP Trainees and ED Junior doctors to maintain and improve their experience of dealing with minor injuries. The Trust was part of a regional approach to training doctors, but it was hoped that the IUCS may help attract doctors to the Trust once qualified.

Future developments of the service could include:

- Possible GP presence in the Trust's Single Point of Access Team
- Further improve the links made with community services and palliative care
- Links with Hospital at Home teams
- Links with local authorities, eg after falls.

It was reported that local authority involvement was better than ever with local council social care staff involved in the discharge arrangements, social workers based in the Trust, and attendance at the A and E Delivery Board.

Meet and greet and voluntary 'safety net' services worked with the IUCS, including Five Lamps and Hospital of God (based at Greatham).

Any recommendations / feedback for consideration?

Following the proposed and actual closure of the Tithebarn Registered GP Service, the IUCS Team would be monitoring visits by local patients, and would signpost to GP services where appropriate. The Committee would be continuing to monitor the impact of the closure.

Members queried that following changes to the South of Tees Urgent Care service and a negative inspection report, whether residents of that area were using North Tees. There was a different model of care in South Tees and it was mainly appointment based. There had been some visits by residents of that area, but there had been no major impact. If this became an issue, this would be flagged up with relevant teams.

Interaction with the ambulance service was discussed during the visit. NEAS locality managers were now based at North Tees using a hot desking approach, and NEAS was looking to expand the range of equipment stored at North Tees to enable crews to stock up there. Handover performance was good at North Tees, but the Trust took part in weekly regional conference calls, and a Regional Handover Protocol was to be introduced.

NEAS has developed its Clinical Assessment Services (more specialist advice provided to call handlers and crews via a range of professionals including remotely) and there was a potential to use the GPs based at IUCs overnight to support that service when they were available.

Signed: Cllr Cunningham, Cllr Hall, Cllr Povey, Peter Mennear

Date: 1 November 2017

Some things to look out for:

Feedback is most helpful if it focuses on:

- Staff – Morale, workload, staff concerns, how well staff are working together, are skills being used correctly, their ideas for service improvement
- Business Processes – are these efficient; is there evidence of duplication, delays, bottlenecks?
- Resources – the working environment, do staff have the right equipment and support to carry out their role
- Multi Agency Working – how well are agencies working together and sharing information?
- Quality of Service – How is this measured?, what does customer feedback tell us?, how does the service listen to users, family and carers?

Please avoid commenting on individual cases that may be under discussion.