

**22 FEBRUARY 2017**

## **URGENT CARE PROGRESS REPORT**

### **1. PURPOSE OF THE REPORT**

To provide the Board with an update on initiatives that are being implemented to manage the demands on urgent and emergency care systems and how services are being developed to improve outcomes and experience for patients.

### **2. SUMMARY**

The attached report outlines progress against plans in place across a range of areas that support improvements to the urgent care system and address current system pressures, namely:

- Progress against plans in place to implement a new service delivery model for integrated urgent care services, including an overview of the new model and an overview of the associated communications and engagement plans in place to support this system change
- An overview of local governance arrangements in place to support management of system pressures and recent changes regarding structure of associated meetings

### **3. RECOMMENDATION**

That the report be noted.

## **Report of: Chief Officer, HAST CCG**

### **Subject: Urgent and Emergency Care Progress Report**

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#### **1. PURPOSE OF REPORT**

- 1.1 To provide the Board with an update on initiatives that are being implemented to manage the demands on urgent and emergency care systems and how we are developing services in order to improve outcomes and experience for patients.

#### **2. BACKGROUND**

- 2.1 NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (the CCG) have a responsibility to commission high quality, effective, urgent and emergency care services for patients in line with national and local priorities.
- 2.2 Based on guidance available, the CCG has developed plans to address current challenges across the urgent and emergency landscape with one key scheme being the development and implementation of integrated urgent care services.

#### **3. CURRENT SYSTEM PRESSURES**

- 3.1 We recognise that there are significant pressures now being placed on the whole system with regards to urgent and emergency care. Some examples of these pressures are:
- Difficulty meeting 4 hour A&E target
  - Ambulance handover delays
  - Increased A&E Activity
  - Increased non-elective admission activity
  - Increased pressures on GP services
  - Delayed discharges
- 3.2 These pressures affect the whole system, not just the expected front-line A&E point of delivery and demand is affected across a range of pathways. This, coupled with our ageing population and the increased acuity of patients we are witnessing, places high pressure on all services across the acute, community and social service sectors to support patients at all points along their pathway.
- 3.3 We recognise that nationally there is a significant drive to improve urgent and emergency care services, engrained within the Five Year Forward View and Urgent and Emergency Care Review and we have responded to this challenge – via the services we have currently commissioned and the plans we have in place for 17/18 and beyond.
- 3.4 Building on work we have undertaken locally to support wider system pressures an example of a few of the schemes in place to address the pressures are:

- BCF projects such as the clinical triage into SPA, reablement and Multi-Disciplinary Service
- Regional vanguard developments such as NHS 111 initiatives – clinical hub
- Tackling GP variation and development of the frailty register
- Care-coordinators, commissioned to ensure the top 2% at risk patient group have a co-ordinated approach across health and social care
- Working with the VSCE to enhance the community response

3.5 Most significantly regarding the urgent care model in place across the locality, we have engaged across 2013 – 2016 with patients and the public to better understand their views on the provision of urgent care services and have in response, developed a revised service model accordingly.

#### **4. INTEGRATED URGENT CARE SERVICES**

4.1 The CCG has engaged with the Stockton-on-Tees Health and Wellbeing Board and Adult Services and Health Select Committee where required throughout 2015 and 2016 to advise on plans for an Integrated Urgent Care Service (IUCS). The proposal for the service was in response to national guidance and best practice and also in response to local intelligence which outlined that service users are often confused about where and when to attend for urgent care needs and continued to present at accident and emergency services.

4.2 The new service will bring together a range of urgent care services including GP out of hours, minor injuries and walk in centre services to avoid service users making decisions and choices as to where the best place to attend will be and will be delivered in two localities from 1 April 2017; University Hospital of Hartlepool and University Hospital of North Tees.

4.3 In November 2016, the procurement process concluded and the CCG Governing Body agreed the recommendation following a robust procurement process to award the new contract to North Tees and Hartlepool NHS Foundation Trust who will be working in partnership with North East Ambulance Services and Hartlepool and Stockton Health (GP Federation) to deliver the new Integrated Urgent Care Service (IUCS).

4.4 At the University Hospital of North Tees, the IUCS will be co-located at A&E and will ensure that service users are triaged and receive appropriate treatment in the most appropriate setting, to avoid unnecessary attendances at the A&E Department.

4.5 The model will be focussed around GP led urgent care service provision 24 hours a day, 7 days a week, 365 days a year providing:

- Walk in and bookable appointments for
  - Clinical assessment
  - Face to face consultation
  - Home visiting (OOH)
  - Prison visiting services (OOH)
- Timely assessment and referral to appropriate mental health services
- Diagnostics and referrals

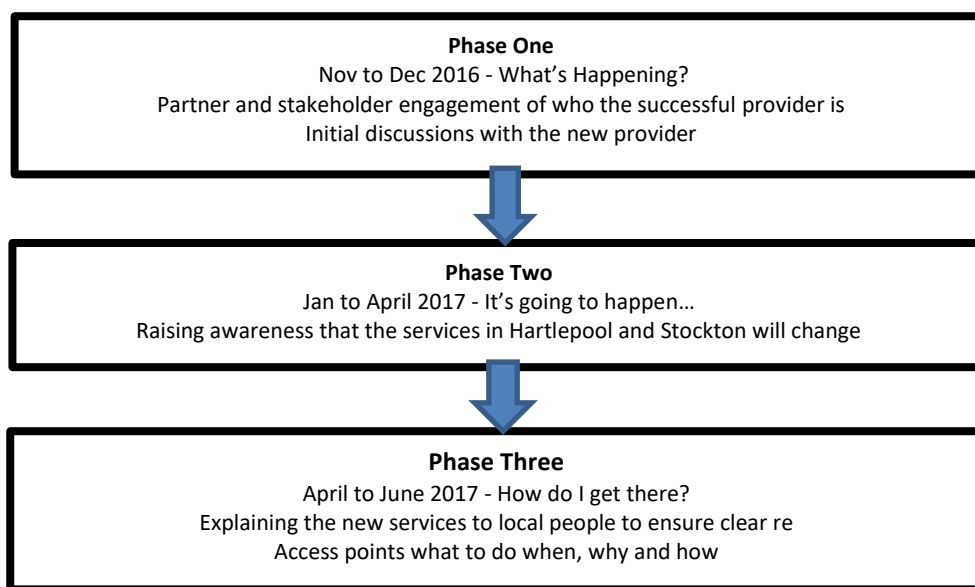
4.6 The expected outcomes of the revised service are:

- Timely, highly responsive, joined up care which is
  - Clinically safe
  - Streamlined
  - Integrated
  - Sustainable
- Responsive to patient needs
- Improved patient experience
- Being seen in the right place at the right time, by the most appropriate health professional

4.7 The benefits to the new service are wide ranging. The revised model will ensure that patient flow is streamlined, with a single call to get an appointment out of hours and a single ‘front door’ for patients accessing urgent care/A&E services in Stockton-on-Tees. Improvements are expected across data management, in terms of the provision of data between providers to improve patient care. Governance arrangements will be improved across local urgent and emergency care providers and there will be a clinical hub containing (physically or virtually) GPs and other health care professionals.

## 5. COMMUNICATIONS AND ENGAGEMENT

5.1



## 6. MANAGING EMERGENCY CARE LOCALLY

- 6.1 The Accident & Emergency Delivery Board (A&EDB) replaces the Systems Resilience Group (SRG), a transformation that was mandated by NHS England in their correspondence to CCG Accountable Officers, dated July 26 2016.
- 6.2 The A&EDB will focus on the recovery of the 4 hour target but also A&E Delivery Boards and with Sustainable Transformation Plan (STP) groupings, will focus on the longer term delivery of the Urgent and Emergency Care Review. Additionally the Local A&E Delivery Board coordinates and oversees “Five Interventions” - developed by experts in the field of emergency care, with a focus on outcomes and processes.

6.3 The Hartlepool and Stockton-on-Tees A&E Delivery Board has allocated the SRG funding resource for 2016/17 to schemes identified through a process involving all then SRG members. The schemes are all developed with the vision to either address issues relating to hospital discharges (Delayed Transfers of Care), offer workforce resilience or to prevent avoidable/unplanned hospital admissions. The Board reviews performance of these schemes and makes recommendations for future use of such funding to support system pressures.

## **7. MANAGING PRESSURE - Operational Pressures Escalation Framework (OPEL)**

7.1 System wide escalation plans have been developed and agreed in line with the new national framework with agreed local multi-agency triggers – including escalation and de-escalation. Both provider and commissioning organisations across the North East have plans in place which include triggers for both escalation and de-escalation built on a standardised framework (NEEP – North East Escalation Plans levels 1-6). These are monitored at a system level via the A&EDB.

7.2 Delivery against the new A & E Improvement Plan is also reported upon at each A&E DB with monthly data collection responsibilities shared with providers.

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