'It's about our life, our health, our care, our family and our community'

Better care together

Leicester, Leicestershire & Rutland health and social care

Urgent Care

Rutland Health and Wellbeing Board Brief

Sept 2015

Rutland County Council

healthwatch

Leicester City Council

Leicestershire County Council

NHS

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Summary Plan

To improve the public offer for Urgent and Emergency Care. Ensuring that a clearly understood easily navigated offer is available in each care setting.

To reduce inappropriate admission by offering a viable community alternative when it is appropriate and improve smooth flow through the acute trust to take people ‘home first’ after they have had an episode of ill health.

Rutland County Council
healthwatch
Leicester City Council
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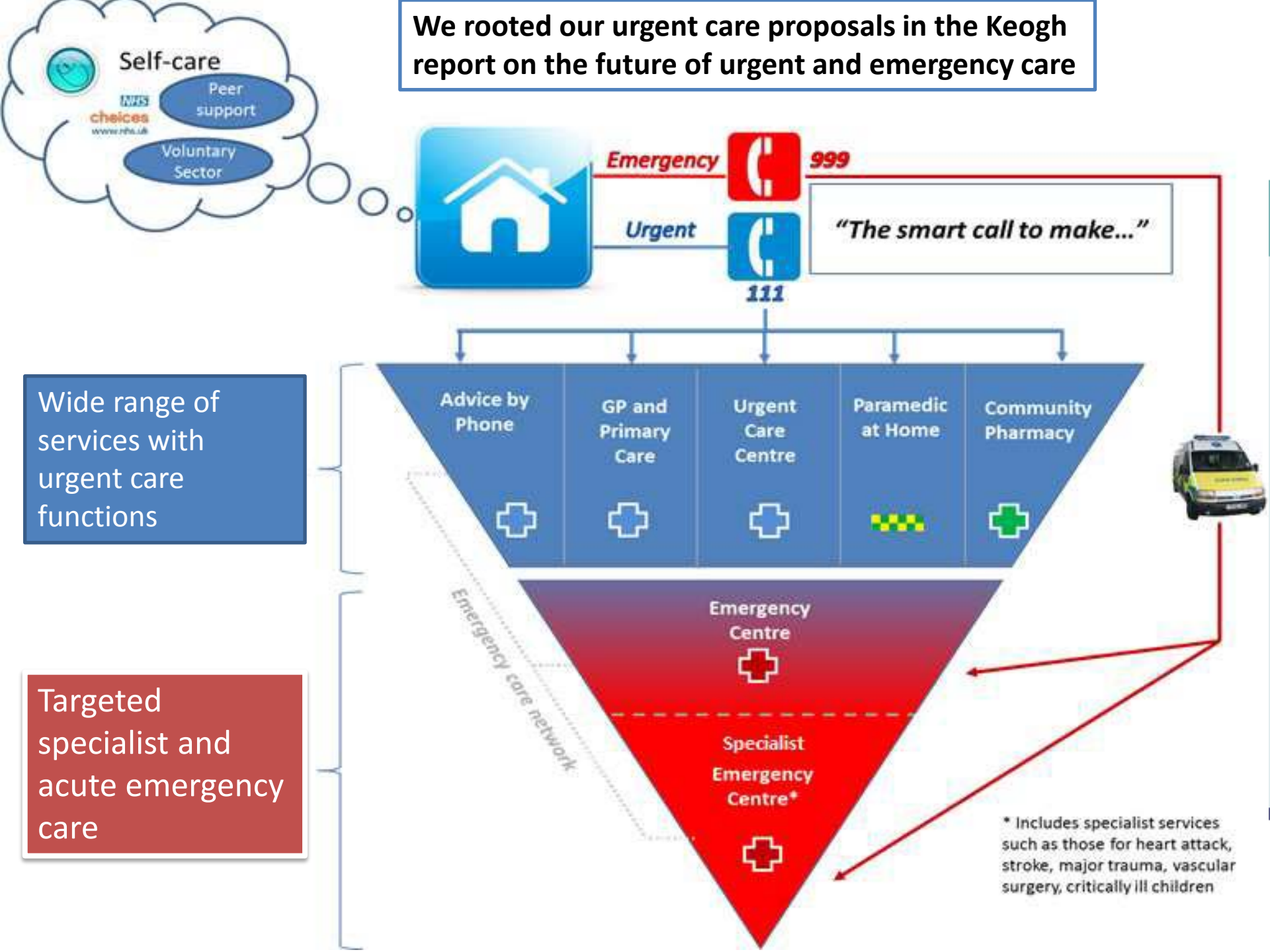
Introduction

- Strong system Governance – System Resilience over sight and Urgent Care Group
- Strong programme structure- Inflow, flow, outflow and Futures work
- Strong Plan:- SRG and CCG board approved
- Vanguard Site
- Improved performance
- But still a lack of embedded resilience

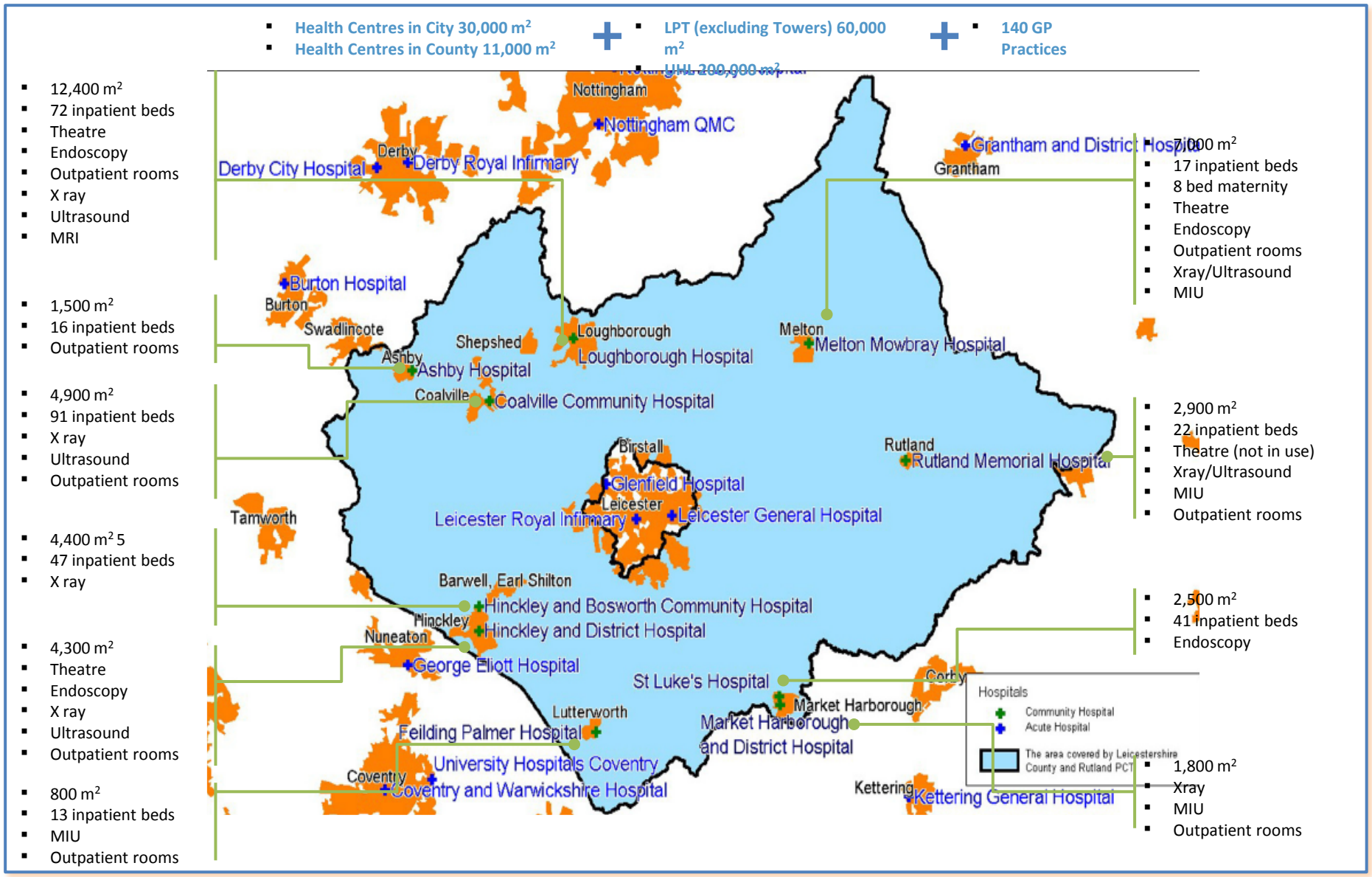
We rooted our urgent care proposals in the Keogh report on the future of urgent and emergency care



Wide range of services with urgent care functions

Targeted specialist and acute emergency care

Settings of care are distributed across LLR, catering to different population needs



Source: March 2013BCT plan; LLR Community Hospitals Operational briefing paper; Capita data
All data is as accurate as presented at that time, services availability has not been updated pending **2014 consultations**

System Principles

0: Self care & prevention	1. Primary Care	2: Enhanced routine care	3: Urgent care & Crisis response	4: Emergency acute care

Keogh 1: Provide better support for people to self care

- Patients will be supported to look after themselves when appropriate without needing to access urgent care services. Physical and mental health will have parity of esteem.

Keogh 2: Help people with urgent care needs get the right advice in the right place, 1ST time.

- Patients will be signposted to the most appropriate service through a locally focussed and responsive single point of access which incorporates clinical triage. They will be able to Choose Well and the urgent and emergency care system will be simple for people to navigate.

Keogh 3: Provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E

- Patients will have equitable and prompt access to services wherever they are in LLR and in whichever care setting they enter the system at. More patients will be treated and cared for closer to home.

Keogh 4: Ensure people with serious or life threatening needs receive treatment in centres with the right facilities & expertise in order to maximise chances of survival & good recovery

- Urgent care services across LLR will be consistent and geographic variation will not disadvantage patients.

Keogh 5: Connect urgent & emergency care services so the system becomes more than the sum of its parts

- Urgent and emergency services will be integrated around community footprints.





System Outcomes

0: Self care & prevention	1. Primary Care	2: Enhanced routine care	3: Urgent care & Crisis response	4: Emergency acute care

As providers and commissioners in the local health and social care economy we will work to achieve the following outcomes:

- Improved patient outcomes and patient experience from more joined up working and information sharing between organisations.
- A reduction in avoidable admissions to hospital in a sustainable way so our patients are supported close to home where possible.
- Consistent achievement of national emergency care targets for the NHS including the 4 hour A&E target which we commit to owning as a system.
- A reduction in avoidable A&E attendances as we help our population to Choose Well and access alternative urgent care services when appropriate.
- An increase in the number of patients we support to return home in a timely manner.






Care Setting Principles

0: Self care & prevention	1. Primary Care	2: Enhanced routine care	3: Urgent care & Crisis response	4: Emergency acute care
Patients will easily engage with advice, support and information services. Patients will be able to access these services without a referral. Patients will have the ability to Choose Well.	Patients will access Primary health care as the first active point of contact in the health and social care system. Patients will have access to primary health care when needed on the same day, tomorrow or planned in advance.	Patients will receive proactive and targeted care delivered routinely and as part of a package of care; long or short term. Patients will be cared for in a consistent and planned way. Access will be same day, tomorrow and planned.	Patients can access urgent advice, care, treatment or diagnosis 24/7. Patients will receive consistent and rigorous assessment of the urgency of care need. Patients can expect a response within 2 hours and completed care within 48/72 hours.	Patients are guaranteed immediate response to time critical, serious and life threatening need. Patients can rely on a mobile response through 999 and have a care decision made in under 4 hours. Patients will access intensive input to treat & care for episodes of crisis.






Care Setting Patient Outcomes

0: Self care & prevention

I am able to look after my physical and mental well being day to day.
I am able to access self-care advice when needed.
I know where to get guidance on the resources I can use from the health and social care system.
I will be able to access patient education courses.
I am linked in to the wider voluntary and community support networks in my area.
I know who to call if I want more information

1. Primary Care

I can get a Primary Care appointment on the same day.
My GP knows what care I have been receiving elsewhere.
I am referred promptly to other services when needed.
I feel supported to manage my own condition.
My mental health needs are given equal priority.

2: Enhanced routine care

I am involved in my care and understand my condition.
I have a named care worker and a care plan shared across partner agencies.
I am supported at home and in the community.
I am helped to navigate the system.
I can talk with my GP about my care plan.
I know who to call if I am worried.
I can access short or long term care depending on my needs.
I am assessed once and have regular check ups.

3: Urgent care & Crisis response

I can access the same level of treatment at any UCC within LLR.
I can access crisis response services within 2 hours day or night.
I can speak to a clinician about my urgent care needs within 2 hours.
I have rapid access to community services when needed.
I understand alternative options to the Emergency Department.
I am seen by trained and competent staff.

4: Emergency acute care

I will be seen promptly if I need to attend A&E.
I will have access to senior clinical advice when needed.
My onward care decisions will be made quickly.
If admission is necessary, I will be transferred to a ward in a timely fashion.
I will have comprehensive discharge planning in place upon admission.
I will not be in hospital for longer than is necessary.
I will be discharged before 12pm on day of discharge and have no delays.

I will be returned home as the first and preferred option.

Urgent Care door

Front A&E door

Admission door

Discharge door

Future service offer

See Excel printouts!

0- Self Care	1- Primary Care	2- Enhanced/Routine Care	3- Urgent Care and Crisis Response	4- Emergency and Acute care
Right Care: patient decision aids	General Practice	**Enhanced care planning:**	**24/7 SPA: 999/111/OOH SPA all interoperable with one single assessment**	Acute medical / surgical care
Health Coaching	Comprehensive disease registers	Risk stratified population: Managing the high risk 10-20%	**Clinical triage at single point of access**	Emergency Department: Majors and Minors
First Contact- multi agency support	Primary care nursing and ANP support	Integrated and proactive care planning using standard shared care plans and records	Direct booking to local services	Cardiac arrests
Lifestyle Hub-city	ECG/Spirometry/INR NPT in federated hubs.	EOLC pathways and plans	**Rapid Response services:**	Stroke
Public health schemes you can access yourself	2% at risk patients profiled and managed	Supported residents reviews	-Leicester care alarm & falls response	Trauma
Weight management	7 day access and working between practices	**Enhanced management:**	-Fast Response Vehicle + see & treat ambulance	Neuro
Alcohol and drug misuse	Expert patient programmes	Community health and mental health wraparound services	Acute Visiting Service (West)	Paeds
Smoking Cessation	Dementia care advisors	Case management through virtual ward schemes	Integrated crisis response Service	Major Trauma Unit- out of county
Sexual Health	Optometry services	'Locality' health and social care teams targeting at risk and case managed patients (HSCCs)	MH Assertive Outreach	Maternity
Wider community & vol. sector support	Dental surgeries	Key workers	Psychosis Intervention and Early Recovery (PIER)	Neonates
Local Area Coordination/ Local Support Groups	Community Pharmacies	Case workers	**At increased risk group:**	Discharge date and pathway agreed at point of admission
Healthy Cities Programme		Direct booking in to primary care	Pharmacist lead medication reviews	Mental health acute admissions
Customer portal; self assessment and signposting		Falls response team- trusted responders	Palliative care and night nursing	
Carers and Young carers support and training		**Remote monitoring:**	**Urgent care centres**	
Dementia cafes		Tele care	Standard offer across Urgent care centres	
Integrated housing support service		Tele health	Comprehensive assessment (including CGA)	
Falls prevention information			Ambulatory care sensitive conditions pathways with access to MDT: asthma, COPD, Heart Failure, DVT, Cellulitis	
		Step up/down services:	**Frailty hubs/ Older people's unit**	
		Domiciliary care		
		Intensive primary care/ social care interventions immediately following discharge	Observation "beds"	
		Intermediate care beds: social care	Community diagnostics (digital links/ near patient testing)	
		Residential and non-residential reablement services	ECG/X Ray/Ultrasound	
		Intensive Community Support	Pathology/Phlebotomy	
		Community hospital inpatient care (length of stay 0-5 days- increased acuity and throughput)	Intravenous procedures: Diuretics, antibiotics	

IMT: 1 shared primary care system. Standardised and accessible care plans and risk stratified approach to promote continuous care planning. One SPA with clinical assessment at point of contact and local alternatives available for direct booking: eDOS. Customer portal and single point of information. **Workforce**: skill-mix mapping and redesign across sectors. Understand impact of shift in services "to the left" and increase in acuity of patients managed in the community **Premises**: understanding virtual and physical hubs/ footprints. link to City premises review **Other**: Demand/ capacity whole system modelling. Capacity management & early warning system/ emergency planning system.

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Current Status - 2015

- Improving performance position but not as resilient as we need it to be
- Increasing footfall onto the LRI site- this diminishes resilience
- Year of change contract deployed – there is still significant financial/ change challenge based on activity growth
- Procurements due to be completed April 2016 for NHS 111/ OOH's Loughborough and LRI UCC
- NHSE Gateway publication halting current procurements on NHS 111/OOH's
- Good relationships leading to a Vanguard bid

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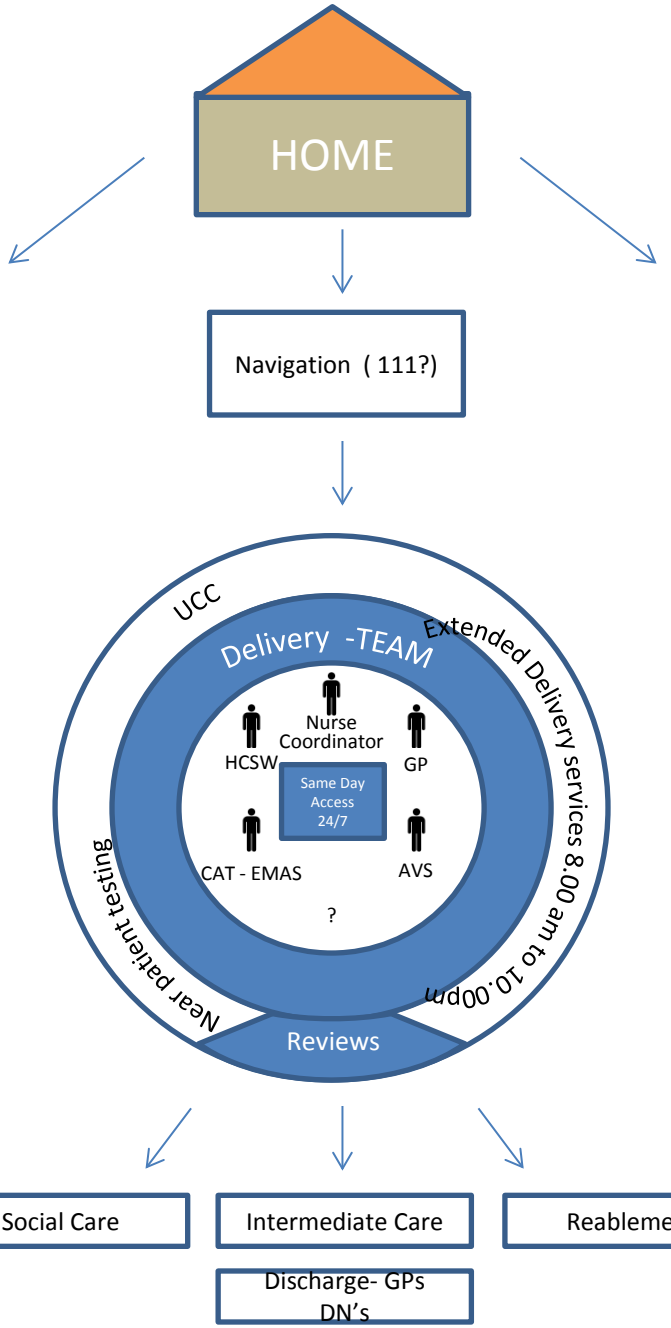
This Years Actions - that impact on Demand and Delivery

- Front Door Work
- NHS 111 procurement
- Integrated OOH's procurement
  - 7 day Primary Care
  - UC centres
  - AVS / CRT
  - Older Persons Unit Loughborough…. Assess to Admit
- SPA – start of integration (LA – CHS County)

OOH's integrated response



OOH's delivery components

- Telephone triage-SPA?
- Medical face to face
- Diverts into other services
- AVS visiting
- 7 day medical service
- Extended hours
- UCC- Muster point
- OPU??
- CHS unscheduled care team
- TRANSPORT-
- DELIVERY HUBS ON A LOCALITY FOOTPRINT TO MEET LOCAL NEED

OOH's Outcomes

- Reduction in attends
- Reduction in admits
- Assess to admit (scheduled)
- Better utilisation of current commissioned service
- Clear response times 2/4/6 hours
- Ease of same day access to Urgent Primary medical care
- Case managed links back to in hours service
- Reduction in conveyance out of locality
- Enough resource through combined revenues to pay for service

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Front Door Work 2015-17

Current Status:

- Heavy footfall
- Single front door through the UCC

Next Steps:

- Separate out the triage/assessment function- head up with GP's and trained UC nurses
- UCC becomes a disposition, alongside minors and majors 2017
- New ED Floor
- Train and retain specialist UC GP's and skill mixed workforce

NHS111

Current Status:

- Provided as protocol based telephony
- Light on elements of clinical triage
- Too many dispositions to A+E, 999 and OOH's services

Next Steps:

- Work with NHSE through Agree future model of provision
- Link to OOH's
- Consider Social care SPA implications

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Governance

Clinical:

- Clinical lead – Avi Prasad/ Dick Hurwood/ Nick Wilmot
- Work Stream Steering Group
- Urgent care Board

PPI:

- Lead – Philip Parkinson
- Cross checks with PPI reps for Frail Older People and Long Term Conditions
- Ongoing interface with established forums

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Board to note:

- SRG accepted draft Urgent Care Improvement Plan
- Workstream has funds built into contracts and transitional resource of 2 million revue allocated
- SPA programme has capital allocation-1.3 million and 230K business planning fund in the county BCF- 700K capital established for mobile working
- Vanguard Bid part of the national 8 urgent and emergency care systems
- Strong system infrastructure, multi stakeholder engagement embedded.
- Need to strengthen comms and broader programme understanding of transformational rather than transactional change
- Need to engage broader stakeholders and out of county acute trusts