Urgent and Emergency Care

Why change is needed

The Urgent and Emergency Care Network (UECN)has undertaken a review of the demand and capacity across the Urgent and Emergency Care Pathways to better inform winter planning for 2021/22. This has enabled the Commissioner and CDDFT to identify key areas to be considered to further develop and improve winter planning across the system improving flow and supporting delivery of the A&E.
Analysis of the data has highlighted that the locality has a unique set of challenges around; - demand management, patient flow and capacity within health and social care services. Further to this work County Durham CCG and CDDFT in partnership are developing a new UEC strategy – a condensed version, using this OGIM as the action plan to deliver their objectives.

Prior to the pandemic which began in March 2020, the level of attendances has continued to grow to unprecedented volumes not seen before, along with ambulance attendances.
To manage the flow of patients, those commissioning services need to ensure availability of the right quantity of specific type of services as well as understanding patient care needs at the point of discharge.

The report suggests that health and care systems regularly review the impact of both intended and unintended outcomes, the best outcomes for patients are only likely to be achieved when health services and care services are working collaboratively to deliver the best outcomes for patients. In County Durham we work together as a system called County Durham LADB – this trust board has its own set of local initiatives to meet the standards. The LADB local board reports to the UECN which has its own overarching objectives working together as a system and across the ICP areas. Country Durham is part of central ICP and includes South of Tyne and Sunderland CCGs and Trusts.

Reviewing urgent and emergency care standards
The Review proposed the replacement of the current 4-hour A&E waiting time standard with a new set of performance measures which better reflect the contribution of the whole urgent and emergency care system to A&E performance. They shift the focus onto whole system demand management; exit block" from A&E; ensuring the sickest and most urgent patients are given priority over patients approaching an arbitrary 4-hour A&E deadline; measuring when an A&E patient is 'clinically ready to proceed' compared to when they actually leave A&E.

Service	Measure
Pre-hospital	Response times for ambulance
	Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances
	Proportion of contacts via NHS 111 that receive clinical input
A&E	Percentage of Ambulance Handovers within 15 minutes
	Time to Initial Assessment - percentage within 15 minutes
	Average (mean) time in Department - non-admitted patients
Hospital	Average (mean) time in Department - admitted patients
	Clinically Ready to Proceed
Whole System	Patients spending more than 12 hours in A&E
	Critical Time Standards

What has changed since March 2020?
During the peak of the Covid-19 pandemic, the level of patients attending UEC reduced significantly, with approx. 30% less attendances that pre Covid-19, during this period, acute response performances were consistently over 95%. Following Wave 2 activity has consistently increased and is now at an all-time high with UHND activity up 18% (June 21 compared to June 19) and DMH is up 5% (same period). It is paramount that elective care continues throughout the year to deal with significant backlogs therefore there needs to be sufficient acute capacity to maintain both elective and non-elective pathways running simultaneously. Quite often elective activity is sacrificed for non-elective demand pressure during periods of surge and winter pressures.

Objectives

- To develop a condenses Urgent and Emergency Care strategy using this OGIM an action plan to delivery.
- Implement the ICP winter plan initiatives
- To achieve the right balance of UEC service provision; to meet growing demand; ensure fairness in equity in access; and is appropriately responsive.
- To develop effective communications to help patients and public navigate UEC services to enable them to obtain the right service for their clinical need recognising there are a range of choices when it comes to UE&C services as there are multiple access points, our objective is to education to public around what to do if you are unwell and signpost patients to the most appropriate service for their health needs ensuring A&E is only used for those most in need of urgent /emergency services.
- England will be covered by a 24/7 integrated urgent care service, accessible through NHS 111 or online.
- All hospitals with a major A&E department will:
    - Provide same-day emergency care services at least 12 hours a day, 7 days a week.
    - Offer an acute frailty service for at least 70 hours a week, working towards achieving clinical frailty assessment within 30 minutes of arrival.
    - Aim to record 100% of patient activity in A&E, urgent treatment centres and same-day emergency care services through an emergency care data set.
    - Test and start implementing the new emergency and urgent care standards from the Clinical Standards Review.
    - Further reduce delayed transfer of care, in partnership with local authorities.
    - By 2023, the clinical assessment service will usually be the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care
- Work with all tertiary service to improve patient pathways for example the Urology pathway.

Goals

To achieve safe and responsive 24/7 urgent and emergency care made up of a comprehensive range of services:

- Urgent access to primary care illness and injury services in the community, effective triage, and signposting services (i.e., NHS 111 online, NHS 111 Clinical Assessment Service, Clinical Advice Lines in secondary care), timely emergency/crises response services including ambulance, community and mental health crises, robust acute emergency, and trauma care.
- To have in place real-time and accurate intelligence and information datasets to inform surge responses, forecasts, and future planning.
- Adults, children, and young people experiencing mental health crisis will be able to access the support they need – single point of access through NHS 111, access to crisis care 24/7 and intensive follow-on to reduce future use.
- Ambulance services, to be at the heart of urgent and emergency care system, providing timely responses and patients treated at home or in more appropriate care settings outside of hospital. Ambulance staff will also be trained and equipped to respond effectively to mental health crisis, including mental health transport, mental health nurses available for ambulance EOC, and mental health training for front-line crews.
- Improved responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guidelines.
- All parts of the country delivering reablement care within two days of referral.
- Enhanced health in care homes – upgrade NHS support to all care home residents who would benefit by 2023/24.
- Evaluate Primary care Extended Access Services and continue to integrate with secondary care.
- All hospitals with a major A&E department are required to have enhanced models of Same Day Emergency Care for at least 12 hours a day, every day, in both medical and surgical specialties; and provide an acute frailty service for at least 70 hours a week achieving clinical frailty assessment within 30 minutes of arrival.
- Implement the findings of the Clinical Standards Review to focus on patients with the most serious illness and injury.
- Extending digital services beyond care homes to vulnerable patients in their own homes
- Appropriate approaches to self-management to be considered by the Personalised Care Steering Group that may positively impact on UEC services

COVID - 19

- **Short Term** – through surge management and escalation continue to manage the ongoing Covid-19 demand via segregated emergency streams, both in the Emergency Department and the Acute Medical Units, use of isolation and cohering strategies when volumes surpass use of cubicles, as well as manage other emergency demand.
- **Medium Term** – to develop and expand services to optimise capacity to cope with increasing levels of emergency demand (both Covid-19 and non Covid-19) as well sustain high levels of elective activity to continue to reduce backlogs and waiting times.
- **Long Term** – to actively work across the system to put in place services that meet best practice standards and benchmark well nationally in terms of their environment, levels of service provision and staffing resource.

Triple Aim Outcome Measures

Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
Some measure of trauma outcomes	See and treat within 4 hours	% of units with Senior Decision Makers at the Front Door
A&E - Percentage of Ambulance Handovers within 15 minutes	Some measure of experience for frail patients	Improve vacancy rate across all professions
A&E - Time to Initial Assessment - percentage within 15 minutes	Some measure of patients bouncing back	Some measure of workforce happiness
	A&E - Average (mean) time in Department - non-admitted patients	
	Hospital - Average (mean) time in Department - admitted patients	
Clinically Ready to Proceed - Could use this as a Patient Experience or Health Outcome measure, looking at the time between when they were CRtP and the time they were discharged or admitted onwards. Assume you would want to see the difference between these two, decrease over time. Again, would be at trust level using CDDFT as the County Durham trust and comparing to others in NENC.		

Initiatives

Project Gantt Chart	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention					
Continue to utilise local and national data to understand local variation in use of hospital-based services and access to treatment					
Increase the proportion of people that are treated and discharged on the same day by meeting the new national guidelines for same day emergency care					
There is an expectation that once the findings of the Clinical Standards review are finalised, any required changes to reporting and monitoring will be implemented. Shadow monitoring to be agreed and introduced.					
Work with Primary Care Networks to understand variation in their population's use of health services					
Intelligent conveyancing					
2. Health Behaviours (Alcohol, Tobacco, Nutrition and Physical Activity)					
3. Personalised Care					
Appropriate approaches to self-management to be considered by the Personalised Care Steering Group that may positively impact on UEC services					
4. Mental Health and Learning Disabilities					
Continued delivery of Core 24 standard Liaison Psychiatry Service and build on offer to include High Intensity User and discharge support - liaison psychiatry KPI as one of the outcomes					
Continue to work together with TEWV, Mental Health partner on the Concordat delivery plan e.g., safe havens, development of children's and OP crisis teams, establishment of MH Support line, and the MH NEAS car as alternatives to admission (either to MH wards or A&E attendance					
5. Children					
Orange Book: Work with Acute Trusts and neighbouring CCGs to develop the Little Orange Book App to support families with young children to access the most appropriate health care at the right time. Delivery by March 2022. On schedule.					
Evaluate Paediatric emergency department and urgent care model (look to have direct access to Paeds instead of via ED)					
Ensure the Paeds service meets the expected demand for increased RSV cases exploring opportunities to work closely with primary care in an integrated way.					
6. Digital					
Development and implementation of a solution to enable compliance with the Emergency Care Data Set database. Approval agreed to progress with IT solution during Quarter 3 to be in place for 2020/21 which will help the urgent and emergency care system to understand capacity and demand which will in turn improve patient care					
Support continues to implement the Little Orange Book App					
7. Finance					
Continue to focus on increasing planned care and decreasing use of unplanned care wherever possible to ensure most efficient use of resources					
8. Integration					
continue to embed the Clinical Advice Line to provide urgent advice to GPs					
Clinical Assessment Service support NHS111 to provide a clinically backed service which now includes GPs 24/7. This works alongside GP out of hours services across all County Durham and Darlington with direct booking access is in place.					
Supporting streaming from A&E to primary care where appropriate to ensure people are seen in the most appropriate service to meet their needs - TBYW					
All TAPs and the overnight services together ensure that in a crisis response service is accessible for adults experiencing a sudden change in their physical health condition to prevent avoidable hospital admission. The service is accessed through a single point of access (C3) and includes patients presenting in the ED department at UHND. This service is to be expanded to NEAS, starting in quarter 2 of 2020/21.					
NEAS pathfinder to be rolled out to County Durham utilising the single point of access. Requires ongoing training of staff within NEAS					
Review of UTC provision /models aligned to demand supporting integration with primary car e- implement Durham Day time urgent care service and GP support front of hour to stream patients away					
Work together with CD CCG to develop a Long-term model/ solution to patient transport					
Support the UECN to feed in place-based information to produce a regional analysis of 'System Balance' using the John Bolton approach and report the findings to the Operational Board. These findings will identify gaps / blockages in current pathways leading to reduced flow and recommend mitigating actions.					
Robust tertiary pathways – work with tertiary providers to ensure a simple patient onward referral pathway for example Urology					
Enhance SDEC implementation and evaluate - Identify what is going through ED which has SDEC potential and opportunity to expand existing pathways and explore new pathways – ensure SDEC profile via the DOS before winter surge					
Implement a Single point of access for all ED attendances and explore bringing the SPA and Discharge Teams together into a patient management hub managing all admissions and discharges					
Ensure effective surge and escalation processes are in place – surge capabilities assessment of all partners (in the ICP) – also linked to first one					
Ensure pathways are in place to provide a 2hr community response and a 2-day enablement service in line with guidance					
Support the implementation of Shotley Bridge UTC					
work together with PCN (super practice models) to integrate services and provide out of hospital services where appropriate					
Support the LA to spot purchase Designated beds (for COVID)					
9. Cultural Change					
Continued engagement with the public regarding accessing appropriate services suitable to meet needs, including use of 111					
HI dashboard creation and use of them to inform plans/ UEC design					
Continue to implement and evaluate the TBYW model – always streaming all non-emergency pts away from ED					
10. Additional					
Explore the value of social prescribing link workers to be based in A&E for those people who attend with social issues (non-medical)?					
Implement and monitor the New ED measure bundle and latest ECDS implementation					
Support the delivery of the Urgent Emergency care network delivery plan					
Support the restart 'The management of Long-Term Conditions in Primary Care'					
Support Primary Care to improve same day appointments in including F2F assessments where appropriate. Also develop overflow clinics in North Durham to level up with the rest of County Durham CCG					