

Health and Wellbeing Board

3 July 2014



Urgent Care Working Group Update

Report of Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Purpose of the Report

1. The purpose of this report is to provide an overview of the collaborative approach being taken by County Durham and Darlington Urgent Care Working Group to addressing issues being experienced across the whole system – from primary & community care to social care and acute hospital care, ambulance transport and police and fire services.

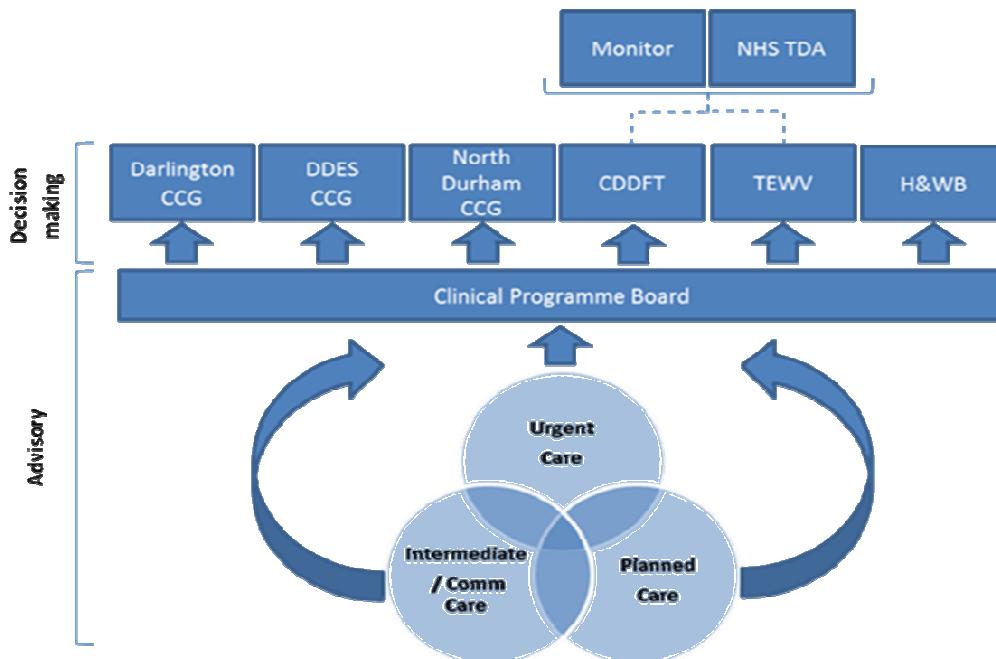
Background

County Durham and Darlington Urgent Care Working Group

2. In May 2013, NHS England issued the A&E Improvement plan. The plan identified that NHS England Area Directors should oversee the establishment of Urgent Care Working Groups, where these were not already in place, together with the development of local recovery and improvement plans.
3. The Working Group was established in June 2013 and is a forum for key stakeholders in the Urgent Care system to come together with a focus on addressing issues being experienced across the whole system – from primary & community care to social care and acute hospital care, ambulance transport and police and fire services.
4. Pressures with Urgent and Emergency services affect the whole health and social care system and can be a symptom of a flaw in any part of the patient's emergency care journey.
5. Faster, more convenient access to emergency care cannot be delivered and sustained without co-operation across the whole system. Urgent Care Working Groups are the key mechanism for achieving and managing that cooperation. They facilitate a whole systems approach to planning and help to meet the linked objective of improved performance and a coherent local service framework.

Governance

6. In County Durham and Darlington, the Urgent Care Working Group is a subgroup of the Clinical Programme Board.



Membership

- Three CCGs across Durham and Darlington
- Local Authorities
- County Durham and Darlington NHS Foundation Trust – which provides acute and community services
- North East Ambulance Service NHS Foundation Trust (NEAS)
- Healthwatch
- Tees, Esk and Wear Valleys NHS Foundation Trust
- NHS 111
- North of England Commissioning Support
- NHS England Area Team
- Police
- Fire and Rescue Service
- Local Pharmaceutical Committee

Achievements

- Strong clinical representation and leadership
- A&E improvement plan
- Winter resilience management – scrutiny and assurance of winter plans
- Quick Wins
- Early and improved uptake of Flu immunisation

- Improved NHS 111 directory of services
- “Keep Calm” patient education campaign
- GP rapid telephone support for NEAS paramedics
- NHS 111 booking GP appointments
- Seven day a week GP opening
- Urgent care reviews
- ECIST whole system review
- Allocation of NHS England additional winter monies across the whole health and social care system
- More collaborative approach around the end to end patient journey
- Meeting of Urgent Care Working Group leads across the region

Work Programme for the next 12 months

- Work with NHS Improving Quality (NHSIQ) to develop a strategy for Urgent Care in accordance with the requirements in Everyone Counts: Planning For Patients 2014/15 to 2018/19
- Implement the recommendations from the ECIST Review (December 2013)
- Focus on the twelve steps (NHS England Supporting Information for Urgent Care Working Groups):
 - Right care, right place, right time
 - Children’s unscheduled care
 - Mental health emergency access
 - Improving discharge
 - Ambulance handover and turnaround services
 - Chronic disease and frequent attenders
 - Care homes
 - Whole system escalation and business continuity plans
 - Commissioning unscheduled care
 - Direct Commissioning
 - Local Authority and social care
 - Communications

7. Other areas the Urgent Care Working Group will be looking at are:

- Out of hours services
- Patient and public involvement
- Workforce
- Information management and technology
- Transparency and shared learning

NHS England Additional Winter Monies 2013/14

8. At the end of November 2013, NHS England made an additional £150m of non-recurrent funding available to the NHS to support effective delivery of winter plans. The majority of the additional funding was distributed on a ‘fair shares’ basis to the health economies that had not previously received any additional funding, to support their investment in

preparations for the winter period and to support their continued delivery of high quality services for their patients. The additional £2.1m allocated for County Durham and Darlington has been distributed via NHS Durham Dales, Easington and Sedgefield CCG, as lead commissioners.

9. The NHS England Area Team confirmed that these monies were for allocation across the whole health and social care system. The County Durham and Darlington Urgent Care Working Group invited all group member organisations and vital stakeholders, including ambulance and mental health services, Local Authorities and the independent and voluntary sector to submit costed proposals for consideration in December 2013.
10. The additional resources have been used to secure resilient delivery of services to patients through the winter, and involve:
 - Schemes to minimise A&E attendance and hospital admissions.
 - Improvements to system flow through 7 day working across hospital, community, primary and social care with innovative solutions to tackle delayed discharges.
 - Specific plans to support high risk groups
11. All successful bidders were required to provide a monthly update on progress with implementation for the Urgent Care Working Group, including key outcomes & performance measures that have been used to evaluate the impact of the funded schemes. Evaluation of schemes has been provided to the Urgent Care Working Group to determine their impact.

CCG Winter Initiatives

12. CCGs have progressed the following opportunities:
 - **1st October 2013** – North Durham CCG GP Practices commenced weekend opening
 - **4th November 2013** - The North of England Commissioning Support Unit on behalf of the 12 North East CCG's co-ordinated and monitored winter management and performance over the national reporting period commencing the 4th November 2013 to 31st March 2014.
 - **18th November 2013** – The CCG's Winter Public Engagement & Education campaign commenced, delivering clear and consistent messages to the public using "Keep Calm" branding. The emphasis of the campaign is towards encouraging self-care, seeking support from pharmacists, and GPs from Monday to Friday and NHS111 out of hours and at weekends.
 - **2nd December 2013** – DDES CCG GP Practices commenced weekend opening.

13. An initiative was also introduced, to deliver additional GP capacity, to provide Paramedics with telephone triage support within a 5 minute timeframe, helping to support patients to receive care in their own home and avoiding unnecessary hospital admission:

- **9th December 2013** - Relocation of the Urgent Care Service in Darlington from Dr. Piper House to Darlington Memorial Hospital from 6 pm to Midnight (the service having already relocated between the hours of midnight and 8 am in 2012. Work is continuing, in partnership with CDDFT, to facilitate the full co-location and integration of the Urgent Care Service at DMH.
- **January 2014** – GP Practices began collecting GP Appointment data. During the four weeks from 6th January to 31st January All 11 Darlington GP Practices saw an average of 11,239 patients each week, representing 11.2% of their patient population. With support from NECS, this initiative is being extended to include the collection of data from GP Practices in North Durham and DDES CCG areas.

Preparing for Winter 2014/15

- In June 2014 the County Durham and Darlington Urgent Care Working Group are supporting local voluntary sector organisations by providing letters of support for submissions for national Voluntary Sector Winter Funding fund to help older people stay healthy next winter.
- NHS England Operational Planning Guidance will be issued in June 2014
- Information about Year 2 non-recurrent A&E Funds will be issued in June 2014
- The National Urgent Care Review Team will be holding two events in late summer/autumn to present their findings
- Following successful trials, from 1st April County Durham and Darlington NHS Foundation Trust introduced new pathways for A&E ambulatory and rapid assessment and treatment streams – patients are seen by the right clinician at the right time
- CT scans are now provided 7 days a week leading to quicker diagnostics and ensuring timely referrals and management of care
- Single Point of Access (SPA) – now provides one telephone number to access community services for patients.
- Work is progressing to introduce a standardised North East Escalation Protocol (NEEP) to include more sensitive triggers and influencing factors.
- There will be a greater focus and use of business intelligence such as bed predictor tools and daily discharge activity including early agreement on the estimated date of discharge (EDD) for patients and robust multi disciplinary discharge processes.
- There will be a “zero tolerance” approach to ambulance handover delays and turnaround

14. On 13th June 2014, NHS England published a framework to support planning for operational resilience, during 2014/15. This will cover both urgent and planned care. This builds on the successful work in 2013/14 through Urgent Care Working Groups (UCWGs) which brought together key players across health and social care to provide a cross-system approach to delivery of services to patients over the winter period.
15. The guidance sets out best practice requirements across planned and urgent and emergency care that the local system should reflect in our local plan, as well as providing information on more general delivery requirements such as operational planning, patient experience and planning for higher dependency patient groups.
16. The guidance also confirms the timetable for completion of local plans and the assurance process that will be completed in relation to these over the next few months. Plans need to be agreed by local partners and submitted to NHS England Area Team by 30th July 2014.
17. As a result of the inclusion of planned care, the UCWG will evolve into a System Resilience Group (SRG) and the group may broaden its approach to cover year round system resilience that encompasses elective as well as urgent and emergency care.
18. Quality, access and financial balance are equally important. It is therefore essential that SRGs assure themselves that overall plans are affordable and do not lead to a deterioration in the financial position of member organisations.
19. This wider remit is partly informed by the recent pressures that have been seen in delivery of the Referral to Treatment standard, but is primarily driven by the principle of good local healthcare planning being equally focussed and resilient across planned and urgent care.
20. Work is currently taking place with partners to implement the new guidance.

Recommendations

21. The Health and Wellbeing Board is recommended to:
 - Receive the report for information

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Background papers: (As appropriate)

Appendix 1: Implications

Finance - The local health economy was not identified nationally for funding to support winter planning activities. Both CCGs are however supporting winter through the use of targeted non-recurrent funding to support additional capacity for winter surge in CDDFT and TEWV providers in line with agreed plans.

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation - None

Procurement - None

Disability Issues - None

Legal Implications - None