

## Health and Wellbeing Board

28 January 2015

## Urgent Care Strategy 2015-20



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

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#### Purpose of the Report

1. The purpose of this report is to invite members of the Health and Wellbeing Board to contribute to the development of a Five Year Urgent Care Strategy. The strategy is currently in draft format (attached at Appendix 2) and feedback is invited ahead of the final strategy coming back to the Health and Wellbeing Board in July 2015 for ratification.

#### Background

2. The Department of Health defines urgent and emergency care as the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly. This could include, for example, accident and emergency (A&E), walk-in and minor injury and illness services.
3. Overall the number of people going to A&E departments in England has risen by 32 per cent in the past decade and by one million each year since 2010. Continuing high levels of demand on A&E and Urgent Care Services have resulted in the current national focus on urgent and emergency care services across England.
4. A number of National reviews have been undertaken including:
  - The Kings Fund 'Urgent and Emergency Care: A review for NHS South of England' March 2013
  - The Walk in Centre Review: Monitor November 2013
  - Transforming Urgent and Emergency Care Services in England: Urgent and Emergency Care Review, End of Phase 1 Report: High quality care for all, now and for future generations (NHS England 2013).
5. Two key factors are clearly identified as contributing to the growing pressures on A&E:
  - An ageing population with increasingly complex needs is leading to ever rising numbers of people needing urgent or emergency care.

- Many people are struggling to navigate and access a confusing and inconsistent array of urgent care services provided outside of hospital, so they default to A&E.
6. A&E departments have become victims of their own success. The public trust and recognise the A&E brand and with an average wait for treatment of only 50 minutes (nationally) providing a very responsive service.
  7. A key outcome of the recent National reviews indicates that Clinical Commissioning Groups need to ensure the effective use of existing services such as community pharmacy, primary care, community nursing, NHS 111 services and other rapid response services as part of their strategies for urgent and emergency care.
  8. The Transforming Urgent and Emergency Care Services in England: Urgent and Emergency Care Review, End of Phase 1 Report: High quality care for all, now and for future generations (NHS England 2013) identified five key elements to ensure success:
    - Provide better support for people to self- care
    - Help people with urgent care needs to get the right advice in the right place, first time
    - Provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E.
    - Ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
    - Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts
  9. The County Durham and Darlington Systems Resilience Group have developed a draft Urgent Care Strategy specifically focusing on the standards in Everyone Counts 2014/15 to 2018/19. The Strategy sets out the local vision for urgent and emergency care between 2015 – 2020, clear patient centered principles and a whole systems approach to achieving them.
  10. The reconfiguration of urgent and emergency care services in County Durham and Darlington in collaboration with neighbouring CCGs will result in the development of an evidence-based service model that will provide local people with equitable access to high quality, safe and effective urgent and emergency care services at the right time and in the right place.
  11. The consolidation of urgent care provision across County Durham and Darlington, will deliver on our commitment to provide urgent care centres that are geographically located to provide equity and consistency of service.

12. The strategy development has been overseen by the Systems Resilience Group (SRG) for County Durham and Darlington with facilitation and support from NHS Improving Quality. The SRG is chaired by the Chief Clinical Officer for Durham Dales Easington and Sedgfield Clinical Commissioning Group who are the overall lead for this piece of work working alongside key partners including North Durham Clinical Commissioning Group, Darlington Commissioning Group, Durham Police Authority, County Durham and Darlington Fire and Rescue Service, County Durham Healthwatch, Darlington Healthwatch, Darlington Borough Council, Durham County Council, County Durham and Darlington NHS Foundation Trust, North East Ambulance Service and Tees, Esk and Wear Valley's NHS Foundation Trust.
13. The implementation of the strategy deliverables will be overseen by the Systems Resilience Group with a monthly reporting structure for each workstream monitoring implementation progress.
14. This Urgent Care Strategy highlights the following strong ambitions that underpin the services that will be developed:
  - To take a whole-system approach that has the patient journey and experience at the heart of the planning process.
  - To ensure urgent care services are easier to navigate for patients as well as clinicians and those in social care or children's services, through the strengthening of the NHS 111 single point of access service.
  - To ensure that services are streamlined to avoid duplication, utilising the options to co-locate services to drive efficiency and patient safety.
  - To make sure we work closely with all our stakeholders to develop an integrated approach, using shared records and IT systems. Ensuring that communication between services is optimised and systems of monitoring are standardised.
  - To embed the concept of Urgent Care into the Primary Care strategy development, strengthening the role of community-based care, hospital avoidance schemes, and through the development of patient self-management programmes.
15. The local vision for this strategy has been agreed by the Systems Resilience Group as:

*'Patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.'*
16. The overall outcome for the whole strategy is to provide an urgent and emergency care system that is able to meet the needs of the County Durham and Darlington population, both adults and children, within the resources available, delivering improved quality and patient experience.

17. **Appendix 2** is the consultation draft of the County Durham and Darlington Urgent Care Strategy. Members of the Health and Wellbeing Board are invited to provide feedback at this stage ahead of the final strategy being produced and taken back to the Health and Wellbeing Board for ratification in July 2015.

### **Recommendations**

18. The Health and Wellbeing Board is recommended to:
- Note this report and the draft Urgent Care Strategy for information
  - Provide initial comments at the meeting and any further feedback on the current draft of the Urgent Care Strategy by 13<sup>th</sup> February 2015
  - Agree the Urgent Care Strategy comes back to the Health and Wellbeing Board meeting in July 2015.

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## **Appendix 1: Implications**

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### **Finance**

Implementation of the strategy will in the main focus on re-configuration of existing resources to improve efficiency of resource including financial.

### **Staffing**

During the strategy implementation reviews of existing services will take place with future options considered in some cases for alternative commissioning approaches to make best use of scarce resources which may include staff. In this event, appropriate staff consultation processes will be undertaken.

### **Risk**

No implications at this stage

### **Equality and Diversity / Public Sector Equality Duty**

No implications at this stage

### **Accommodation**

No implications at this stage

### **Crime and Disorder**

No implications at this stage

### **Human Rights**

No implications at this stage

### **Consultation**

The strategy has been developed in conjunction with all relevant commissioners and providers involved in urgent and emergency care services. Each partner organisation will be responsible for taking the strategy through their internal management processes to provide feedback on the draft strategy ahead of the final version being produced.

During the strategy implementation there will be need on occasion to undertake formal public consultation. In this event relevant organisations will be responsible for ensuring due process is followed to enable effective and meaningful consultation.

### **Procurement**

Appropriate procurement advice will be sought in respect of any procurements that take place as part of this strategy implementation.

### **Disability Issues**

No implications at this stage

### **Legal Implication**

No implications at this stage