

# County Durham and Darlington Urgent Care Strategy 2015 – 2020



- Major Incident Priority 1 & 2
- ← Major Incident Priority 3
- Urgent Treatment Centre

CONSULTATION

## Key Contributors

This Strategy has been developed by the System Resilience Group of County Durham and Darlington which is a subgroup of the Clinical Programme Board. Membership includes:

- NHS North Durham Clinical Commissioning Group (ND CCG)
- NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG)
- NHS Darlington Clinical Commissioning Group (DCCG)
- Durham County Council (DCC)
- Darlington Borough Council (DBC)
- County Durham and Darlington NHS Foundation Trust (CDDFT)
- North Tees and Hartlepool NHS Foundation Trust
- Local Pharmaceutical Committee
- City Hospitals Sunderland NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust (NEAS)
- Healthwatch
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- NHS 111
- North of England Commissioning Support Unit (NECS)
- NHS England Area Team
- Durham Police Authority
- Durham and Darlington Fire and Rescue Service

**All organisations logos will be inserted here in final version.**

## Foreword

We are currently working within a landscape that is rapidly evolving; with the legislation that underpins the delivery of health and social care recently revised and the need to continue to strive to deliver high quality healthcare, maximising the benefit to patients from how resources are used.

In recent times, there has been increasing pressure placed on urgent care systems as patients seek greater assurance regarding their condition and more rapid responses from services. We are keen that this highly responsive provision remains, but that wherever possible patients are treated in the right place, at the right time and by the right professional. Thus, urgent care should not be thought of as a stand-alone, discrete service but an integrated philosophy embedded within patient pathways to ensure that our patients receive a joined-up approach to their care, from all agencies involved, ideally in the community where they live.

The System Resilience Group for County Durham and Darlington has taken a whole systems approach in developing the strategy to ensure these principles are embedded from the beginning. Evidence suggests that attendances at emergency departments continue to rise, a significant proportion of which could more appropriately have been dealt with by primary and community services. Previous engagement has shown that this is also what patients would prefer. This also would result in better utilisation of specialist emergency department skills, and enable more effective relationships between the patient and their primary care clinician in managing their condition.

This Urgent Care Strategy aims to continue to improve urgent care provision from hospital emergency and ambulance services, but also strengthen patient access to urgent care from primary and community services.

We have a number of strong ambitions that underpin the services we will develop:

- 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.
- To continue to work in partnership with neighbouring boroughs, to ensure patient care is not compromised by boundary issues.

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### Version Control

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Document Version 0.8	18 <sup>th</sup> December 2014	Anita Porter, Senior Commissioning Support Officer, NECS on behalf of the System Resilience Group	Consultation draft for SRG and Health and Wellbeing Boards

# 1 Executive Summary

- 1.1 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.
- 1.2 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.
- 1.3 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.
- 1.4 This strategy has been developed by the County Durham and Darlington System Resilience Group supported by NHS Improving Quality (NHS IQ). The strategy covers the period 2015 to 2020 and focuses on the standards encompassed within NHS England's Planning Guidance, Everyone Counts 2014/15 to 2018/19.
- 1.5 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.'*
- 1.6 The vision is underpinned by seven objectives. All actions stated within the action plan help to achieve one or more of the seven objectives. Overall the strategy aims to ensure that all patients are seen by the right person, in the right setting at the right time as well as having a key focus on reducing demand overall for urgent and emergency care services to ensure resources can be appropriately targeted and effective.
- 1.7 To achieve the above, 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.

- 1.8 The strategy aims and objectives are influenced strongly by National reviews undertaken that have highlighted key areas that need improvement. For example, 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:
1. Provide better support for people to self-care
  2. Help people with urgent care needs to get the right advice in the right place, first time
  3. Provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E
  4. 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
  5. Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts
- 1.9 To achieve the vision and objectives three workstreams will provide a focus and co-ordinated approach to the delivery of the strategy action plan (**Appendix 3**).
- 1.10 In order to evidence that the implementation of the strategy is a success there are a number of critical success factors identified. These include some of the key performance measures but also that:
- Patients report that they are accessing the right service, at the right time, first time;
  - Positive patient reported experience of all urgent and emergency care services within the system;
  - Providers feel supported and have sufficient resources to meet patient need;
  - Commissioners feel their investment is cost effective and resulting in positive patient outcomes;
- 1.11 **Appendix 2** provides a summary 'plan on a page' of the whole strategy.
- 1.12 The System Resilience Group will be responsible for the ownership, oversight and monitoring of the implementation of the strategy action plan.

## 2 Introduction

- 2.1 There is currently a national focus on urgent and emergency care services across England. In response to this, the County Durham and Darlington System Resilience Group have developed this Urgent Care Strategy specifically focusing on the standards in Everyone Counts 2015/16 to 2019/20. The strategy sets out a joint vision and patient centered principles, together with whole systems solutions to achieving them.
- 2.2 This strategy has been developed by the System Resilience Group of County Durham and Darlington which is a subgroup of the Clinical Programme Board. The System Resilience Group is responsible for overseeing the implementation of the strategy actions and monitoring success.
- 2.3 The partnership is led by DDES CCG, and includes representation from ND CCG, DCCG, Durham County Council, Darlington Borough Council, County Durham and Darlington NHS Foundation Trust, Durham Policy Authority, County Durham and Darlington Fire and Rescue Service, Tees Esk and Wear Valleys NHS Foundation Trust, North East Ambulance Service, County Durham Healthwatch, Darlington Healthwatch, Local Pharmaceutical Committee, other local acute trusts and NHS England Area Team. A full list of partners can be seen at the front of this document.
- 2.4 Local commissioners and providers are committed to the development of an evidence based service model that will provide local people with equitable access to high quality, safe and effective urgent care services at the right time and in the right place. The consolidation of urgent care provision across County Durham and Darlington, will deliver on our commitment to provide urgent care services that are geographically located to provide equity and consistency of service.

### Vision, Outcomes and Objectives

- 2.5 The local vision for this strategy has been agreed by the System 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.'**

### Outcome

- 2.6 The overall outcome for the whole strategy is 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.

## Key Workstreams and Objectives

- 2.7 The implementation of the strategy will be overseen by the System Resilience Group, with the establishment of specific sub-groups, as required, to explore, design, plan and implement the projects to meet stated objectives and outcomes.

Seven objectives have been developed together by all partners during a series of workshops held to facilitate the strategy development. The objectives have been based on the key national messages and local strategic direction for urgent and emergency care services. The seven objectives are:

Objectives	
1	Patients and the public are central to designing the right systems and are at the heart of decisions being made.
2	The patient will experience a joined up and integrated approach regardless of the specific services they access
3	The patient who is vulnerable to needing urgent or emergency care services will have an a plan to support them to manage their condition effectively
4	The patient will be supported to remain at the their usual place of residence wherever possible
5	Patients and the public know how to access information and guidance in the event of needing urgent or emergency care
6	The patient will be seen at the right time, by the right person with the right skills to manage their needs, in the right place
7	The patient will not experience any delay in receiving the most appropriate interventions through the whole pathway being able to respond to unpredictable fluctuations in demand

- 2.8 There are three workstream areas supporting the implementation of the strategic objectives:

Workstreams	
1	Managing and monitoring demand
2	Accessing appropriate care first time
3	Improving quality of patient experience and flow

Three enablers will support the delivery of all three workstream areas: Communications, Workforce and Information Management and Technology and Engagement.



## 3 National and Local Context

### National Context

- 3.1 The NHS Plan (2000) set targets to reduce emergency admissions and to provide patient centred services. Overall the number of people going to Accident and Emergency (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.
- 3.2 A number of 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).
- 3.3 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.
- 3.4 The Francis Report (2013) was a public inquiry investigating significant concerns regarding the quality of care within Mid Staffordshire NHS Foundation Trust. The resulting report called for a change in culture across the NHS whereby patients care and safety is put first, with the patient being the priority in everything done. This sets the scene for this strategy, supporting a move to designing services around the patient.

Other key themes coming out of this inquiry and supporting putting patients at the heart of good quality NHS services included:

- Developing a set of fundamental standards, easily understood and accepted by patients, the public and healthcare staff, the breach of which should not be tolerated;
  - Providing professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff who have to provide the service;
  - Ensuring openness, transparency and candour throughout the system about matters of concern;
  - Ensuring that the relentless focus of the healthcare regulator is on policing compliance with these standards;
  - Making all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service.
- 3.5 The Bewick Report (August 2013) undertook a review of patient safety following the

publication of the Francis Report. Professor Bewick highlighted the main problems affecting patient safety in the NHS and makes recommendations to address them stating the need to:

- recognise with clarity and courage the need for wide systemic change
- abandon blame as a tool and trust the goodwill and good intentions of the staff
- reassert the primacy of working with patients and carers to achieve health care goals
- use quantitative targets with caution - they should never displace the primary goal of better care
- recognise that transparency is essential and expect and insist on it
- ensure that responsibility for functions related to safety and improvement are established clearly and simply
- give NHS staff career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning
- make sure pride and joy in work, not fear, infuse the NHS

3.6 A key document currently influencing the future of Urgent and Emergency Care Service is the Keogh Review<sup>1</sup> (Keogh, July 2013). This review focused on the quality of care within hospital trusts that had a higher than average mortality rates in the previous two years. A total of fourteen trusts were reviewed with a specific focus on mortality; patient experience; safety; workforce; clinical & operational effectiveness; and leadership & governance.

Using an approach that included Patient and public participation, listening to the views of staff, openness and transparency and co-operation between organisations the review identified ‘...many different causes of high mortality and no ‘magic bullet’ for preventing it’ (Keogh, p16, 2013).

Overall, the review recognised that mortality across all NHS Hospitals in England has fallen by approximately 30% over the last ten years and that this improvement is even greater when the increasing complexity of patients is considered. However, the review identified eight ambitions, summarised below, to address safety, effectiveness, workforce and governance with a two year timescale for achieving significant progress.

<b>Keogh Review Ambitions</b>	
<b>1</b>	...demonstrable progress towards reducing avoidable deaths in our hospitals
<b>2</b>	confident and competent use of data and other intelligence for the forensic pursuit of quality improvement by leaders of provider and commissioners
<b>3</b>	Patients, carers and members of the public will increasingly feel treated as vital and equal partners in the design and assessment of their local NHS
<b>4</b>	Patients and clinicians will be involved in and have confidence in the quality assessments made by the Care Quality Commission
<b>5</b>	Professional, academic and managerial isolation for hospitals will be a thing of the past.

<sup>1</sup> Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report (Bruce Keogh, July 2013)

6	Nurse staffing levels and skill mix will appropriately reflect the caseload and the severity of illness of the patients
7	Junior doctors in specialist training will not just be seen as the clinical leaders of tomorrow, but clinical leaders of today
8	All NHS organisations will understand the positive impact that happy and engaged staff have on patient outcomes, including mortality rates, and will be making this a key part of their quality improvement strategy

## Local Context

- 3.7 Urgent and Emergency Care Services in County Durham and Darlington have evolved in response to evidence based practice and guidelines, along with relevant NHS policy changes. Over time this has resulted in the development of numerous services that can appear to the patient as unrelated, each with different names and access points. This has created a complicated system with multiple connections and complex patient flows. Patients and health and social care professionals can find it challenging to navigate around these services efficiently.
- 3.8 In County Durham and Darlington there has been a continued rise in demand for urgent and emergency care across the whole system, from increasing attendances at emergency departments to increased demand on the GP in and out of hours services. County Durham and Darlington has an increasingly ageing population, and there is a continued rise in all long term conditions.
- 3.9 In the future, managing this demand may become unsustainable within the current configuration of health and social care systems. As technology and clinical techniques advance, so do the expectations of the public in being able to access health and social care services in more convenient and flexible ways.
- 3.10 Continuing to work to refine the already stretched hospital centric and urgent care systems will only have limited success in meeting the growing demands. Fundamentally there is a need to reduce the overall demands through addressing the underlying reasons for the patient accessing urgent and emergency care services. This requires alignment of health and social care services, working collaboratively together to provide a simpler, safer and more effective system, delivering an improved seamless patient experience, improved quality and safety and better value for the taxpayer.
- 3.11 Improving the urgent and emergency care pathway across County Durham and Darlington is included in all three Clinical Commissioning Group's current Commissioning Intentions with an overarching target of reducing overall activity across the urgent and emergency care system by 3.5%.
- 3.12 A summary of the key local challenges are shown in the table below:

<b>Current Challenges</b>	Increased demand for both emergency and urgent care, including out of hours GP's
	Increasing ageing population and numbers of people with long-term conditions and complex needs
	Urgent care system difficult for both patients and professionals to navigate
	Services that appear unrelated or fragmented
	Current systems unable to meet future expectations and demand
	Potential for duplication and inefficient use of staff skills and time

## Links to Local Strategies and Plans

### Partners Strategic Direction

3.13 This strategy is underpinned by the strategic direction and business plans of each partner organisation:

3.13.1 *County Durham and Darlington NHS Foundation Trust* have developed a Right First Time 24/7: A clinical and quality strategy to deliver core acute specialties across two acute sites, deliver high quality clinical care to patients own homes wherever appropriate and safe to do so, putting the patient at the heart of the healthcare they receive.

3.13.2 *Tees Esk and Wear Valleys NHS Foundation Trust* revised their External Major Incident Plan in June 2014. This plan clearly states how the Trust will support the major incident plans for other NHS Trusts and Authorities across the North East and Yorkshire region with a view to ensure the NHS is capable of responding to major incidents of any scale in a way that delivers optimum care and assistance to the victims; minimises any consequential disruption to healthcare services and bring about a speedy return to normal levels of functioning.

The External Major Incident Plan is supported by the Trust's Internal Emergency Plan, Security Plan and Business Continuity Policy.

3.13.3 *North Tees and Hartlepool NHS Foundation Trust's* mission encompasses good patient care, efficient services, a good place to work, education and training

3.13.4 *Sunderland Clinical Commissioning Group's* Strategic Plan 2014-19: Sunderland Health & Care System contains three overarching strategic objectives which all seek to provide improvements to current systems that impact directly on the provision of urgent and emergency care.

- Transforming out of hospital care (through integration and 7 day working)
- Transforming in hospital care, specifically urgent and emergency care (including 7 day working)
- Enabling Self Care and Sustainability

Specific objectives that mirror those outlined in this strategy include care that is delivered in the Right Care, Right Place, Right Time and a reduction in emergency admissions.

3.13.5 *City Hospitals Sunderland NHS Foundation Trust's Operational Plan 2014-16* identifies the strategic direction as becoming the 3rd Centre in the north east region with plans to develop more complex/specialised sub-regional services for a larger population with appropriate alignment of investment in the workforce, technology, equipment and capital plans as required. Their direction of travel is aligned with national strategies which include having fewer centres of excellence and the development of 40-70 major emergency centres across England. The Trust currently provides a range of services for heart attacks, stroke, vascular, and critically ill children as outlined in the Keogh report and this national description is exactly aligned to the Trust's vision of the '3rd centre'.

3.13.6 *Hartlepool and Stockton-on-Tees Clinical Commissioning Group's: Clear and Credible Plan Refresh 2014/15 – 2018/19* focuses on developing an '...outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both Health and Social Care.' Their vision for 2018/19 is for '...everyone is able to live at home longer, be healthier and get the right support services where required, whether this be provided by health and/ or social care.'

3.13.7 *County Durham Partnership: Altogether Better: The Sustainable Community Strategy for County Durham 2010-30* outlines key objectives for the sustainable development of County Durham in respect of it's people and places under five priority themes: Altogether Wealthier, Altogether Better for Children & Young People, Altogether Healthier, Altogether Safer and Altogether Greener. Some of the key objectives under these priority areas including casualty reduction, counter terrorism and prevention of violent extremism, all children and young people are healthy, improve life expectancy and reduce health inequalities all relate directly to the urgent and emergency care resilience agenda.

3.13.8 *Durham County Council's Council Plan 2014-17* follows the Sustainable Community Strategy's key objectives. Under Altogether Healthier there are key responsibilities the Council is progressing include reducing health inequalities and early deaths and improving quality of life, independence and care and support for people with long term conditions with a focus on helping those most in need, increased choice and control and increased independence.

3.13.9 *Darlington Partnership's Sustainable Community Strategy, 'One Darlington, Perfectly Placed'* originally developed in 2008, and most recently refreshed in May 2014 One Darlington Perfectly Placed is both the Council's and the Darlington Partnership's overarching strategy that sets out the strategic objectives. There are a number of plans that underpin the delivery of this overarching strategy with actions to deliver on the strategic objectives. These include the Health and Social Care Plan, Local Plan and Community Safety Strategy. A number of objectives are focused on reducing inequality in a number of areas and support the strategy implementation. These include: ensuring more people are healthy and independent, there is enough support for people when needed, a safe and caring community and children with the

best start in life, which all support the current strategic direction for improving urgent and emergency care systems.

3.13.10 *County Durham and Darlington Fire and Rescue Service* are developing their 2015 – 2018 Strategic Plan with a clear priority around prevention and a key role in both local and National resilience planning and response.

3.13.11 *Durham Police Authority* is responsible for co-ordinating a local response to emergency incidents across County Durham and Darlington alongside all partners including health and social care. An Operational Resilience Group is chaired by Durham Police Authority with all partners contributing to the planning and response to any major incident.

3.13.12 *North East Ambulance Service's* Draft Quality Strategy: Right Care, Right Place, Right Time 2014-16 has six key strategic intentions which specifically identify their role in provision and reform of the urgent and emergency care system across the region. The strategic intentions are: to lead in the provision of Emergency care, to be a key partner in urgent care reform, to transform patient transport services, to be a first rate employer, to have sound financial health, to be a well governed and accountable service.

3.15 It should be noted that some work areas for improving the current local urgent and emergency care pathways link directly to work already being progressed within other pathway areas such as intermediate care and end of life. As such this strategy will not duplicate work being progressed elsewhere but will work collaboratively to ensure that actions being progressed within other workstreams are delivered in line with the requirements for urgent and emergency care pathway improvements. The key cross cutting areas are:

3.15.1 *Resilience and Capacity Planning* - On the 13th June 2014 Planning for Operational Resilience in Health and Social Care during 2014/15 was published by NHS England, NHS Trust Development Authority, Monitor and ADASS.

The guidance sets out best practice requirements across planned and urgent and emergency care (elective and non-elective) that each local system should reflect in their 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.

The County Durham & Darlington System Resilience Group (SRG) are committed to taking a 'Whole System' approach to managing & assuring winter pressures. In developing the approach to the allocation of Resilience Funding for 2014/15, the SRG, agreed to allocate the resilience funding on a fair shares basis across all of our major providers.

The SRG monitor the system resilience plan & resilience funding allocated at their monthly meeting in accordance with the NHS England Resilience Monies Tracker. In addition all recipients of Resilience Monies are monitored through contract management arrangements as well as being required to complete a full evaluation of initiatives against agreed KPI's & outcomes, for the SRG in April 2015.

North of England Commissioning Support (NECS) acts on behalf of the 12 Clinical Commissioning Groups (CCGs) across the North East to deliver the day to day operational management of North East 'surge'. These arrangements include:

- Providing daily support to CCGs during the hours of 8.30 and 17.30 Monday to Friday
- Coordinating and facilitating all teleconferencing and situation reporting throughout the winter period liaising with all providers to ensure compliance with winter plans and winter escalation frameworks
- Ensuring CCGs are informed of high levels of sustained activity escalating communications to the Area Team during periods of sustained pressure
- On behalf of the 12 CCGs across liaise and communicate with all providers

NECS manages a winter planning website which provides an online information service to support the North East surge management arrangements. The site provides daily updates and key information to support the delivery of operational management across the North East health and social care system and is available to personnel within CCGs, local provider organisations (Acute/Community, Ambulance, Mental Health Trusts), Local Authorities, NECS and both Area Teams.

3.15.2 *Improving Palliative and End of Life Care* is being led by all three Clinical Commissioning Groups with a Strategic Commissioning Plan in place between 2013 and 2018. The strategy focuses on the establishment of a *new social system* for palliative and end of life care, which operates for the best interest of the patient and works together to deliver the best care possible, will improve collaborative working, strengthen joint ownership and reposition patients and their carers at the centre of the work. Key Palliative and End of Life Strategy deliverables that also facilitate improvements in the Urgent Care Systems include:

- development of single point of access making it easier for palliative patients to know where to go for support
- development of the multi-disciplinary approach to advanced care planning and emergency care planning
- Standard application of the Deciding Right (*A north-east initiative for making care decisions in advance*)
- Keeping people at home through, rapid response, palliative care at home, carer services, implementation of the Deciding Right with regard to care homes

3.15.3 *Integrated Short-term Intervention Service (ISIS)* is an umbrella service bringing together an existing range of intermediate care and short-term intervention services. This pilot, is expanding the capacity and overall resources available in the community for a maximum 6 week period, based on individual need, to prevent unnecessary admissions to acute care and to facilitate timely, safe and appropriately supported hospital discharge.

This pathway is fundamental in supporting the urgent and emergency care systems by providing a skilled clinical multi-disciplinary teams able to provide timely short-term interventions in situations which may otherwise result in hospital admissions, re-admissions, admission to long-term care or a delay in hospital

discharge. The ISIS Service is being delivered across County Durham but not Darlington who have their own local arrangements in place for this type of care.

CONSULTATION DRAFT



## 4 Key Principles for Commissioning Good Health and Social Care Services

- 4.1 In developing a strategy for evidence based, effective and efficient services, consideration has been given to what good services should look like and how they should be commissioned.
- 4.2 The Royal College of General Practitioners Centre for Commissioning aims to support GP's and GP Practices with the skills, competencies and expertise required to deliver effective healthcare services that are patient focused and lead to improved health outcomes.
- 4.3 The RCGP identifies clinically-led commissioning as 'a continual process, of analysing the needs of a community, designing pathways of care, then specifying and procuring services that will deliver and improve agreed health and social outcomes, within the resources available.' (RCGP, Principles of Commissioning, 2011).
- 4.4 The diagram below details the key principles that should underpin any organisations' approach to commissioning.



(RCGP, Principles of Commissioning, 2011)

- 4.5 NHS England's definition of quality is:
- Care that is **clinically effective** - not just in the eyes of clinicians but in the eyes of patients themselves;

- Care that is **safe**; and,
- Care that provides as positive an **experience** for patients as possible.

This definition of quality has now been enshrined in legislation through the Health and Social Care Act 2012.<sup>2</sup>

4.6 These principles are supported with a quality pyramid by clear measures of success linked directly to the NHS Outcomes Framework<sup>3</sup> and seven patient reported outcome measures applicable across all services.



<sup>2</sup> Section 2, Health and Social Care Act 2012: <http://www.legislation.gov.uk/ukpga/2012/7/section/2>

<sup>3</sup> NHS Outcomes Framework 2014/15 at a glance: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/256457/At\\_a\\_glance\\_NHS\\_OF.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256457/At_a_glance_NHS_OF.pdf)

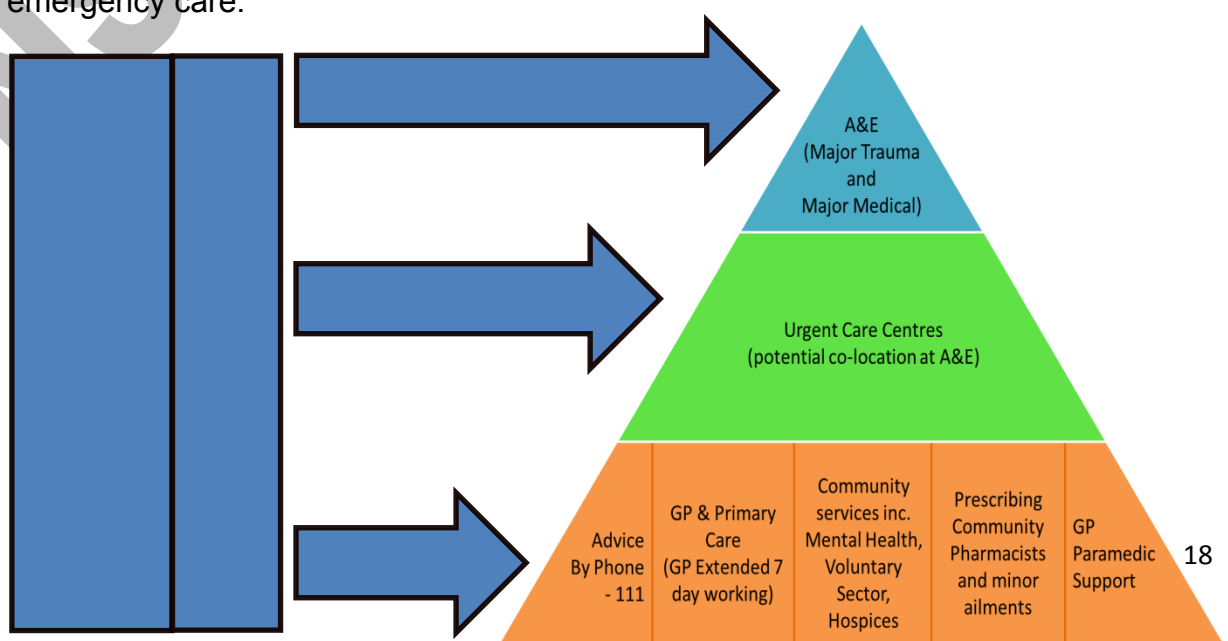
## 5 What should Good Urgent and Emergency Care Services look like?

- 5.1 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 was originally published in June 2013, reviewed and republished in November 2013 by NHS England. This document describes the outcomes of the NHS England Urgent and Emergency Care Review's engagement exercise.
- 5.2 The review identified five key elements to ensure success of future Urgent and Emergency Care Services:

Successful Urgent and Emergency Care Services...	
1	Provide better support for people to self-care
2	Help people with urgent care needs to get the right advice in the right place, first time
3	Provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E
4	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
5	Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts

- 5.3 Clinical Commissioning Groups need to ensure effective use of existing services such as primary care, community nursing, NHS 111 services and other rapid response services as part of their strategies for urgent and emergency care **Appendix 2** identifies opportunities for these key elements to work cohesively to support people's needs as close to home as possible, reducing the pressure on acute resources and ensuring patients are supported in the right place at the right time.

- 5.4 The County Durham and Darlington System Resilience Group would like to ultimately see the following model commissioned for patients requiring urgent and/or emergency care.



- 5.5 The overall aim of the strategy seeks to improve appropriate access at each level of care, ensuring that people are seen in the right place, right time, first time. Over time there is an expectation that there will be a transfer of activity between care settings, transferring activity to self-care and primary care and community services, maximising the use of GP's, pharmacy, 111 and urgent care centres where appropriate and decreasing urgent care activity in A&E. Increasing the use of 111 will help facilitate this shift in service provision.

CONSULTATION DRAFT

## 6 Current State

The County Durham and Darlington Health and Social Care system includes three CCGs - NHS Durham Dales, Easington and Sedgfield CCG (DDES), NHS North Durham CCG and NHS Darlington CCG. There are two local authorities, Darlington Borough Council and Durham County Council, with populations of circa 106 000 and 513 200 respectively.

### Accident and Emergency Departments

- 6.1 County Durham and Darlington NHS Foundation Trust provide Emergency Departments located at two sites: Darlington Memorial Hospital (DMH) and University Hospital North Durham (UHND). Both sites provide Type 1 Accident and Emergency response. Type 1 means 'A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients'.<sup>4</sup>
- 6.2 Critical care and ambulatory care is also provided on both sites in addition to acute medicine and surgery. Other acute services provided at UHND include stroke services and vascular surgery.
- 6.3 CDDFT have successfully reviewed and improved their ED Ambulatory and Rapid Assessment and Treatment (RAT) Streams for patients arriving at Emergency Departments at Darlington Memorial Hospital and University Hospital North Durham. The aim of both streams is to ensure that each patient is seen by the right clinician in the Emergency Department, first time, every time. Beginning with an initial decision by a Nurse Navigator (senior nurse/doctor), patients are guided to the most appropriate practitioner for their needs. Successful pilots of this initiative across both hospital sites resulted in full implementation from 1st April 2014.
- 6.4 Recent expansion of the Medical Assessment Unit and medical bed capacity has also taken place within UHND. The plans are to be implemented by December 2014 and are intended to enable the full implementation of the Ambulatory and Rapid Assessment and Treatment Pathway and improve patient flow by enabling direct referral to MAU without the need for patients to go through ED.

**CHALLENGE:** Continued and increasing pressure on our local emergency care systems.

**CHALLENGE:** A lack of integration between Urgent Care, Primary Care and Community Services to help reduce A&E attendances.

### Urgent Care Services

- 6.5 There are currently six Urgent Care Centres and one Walk-In Centre within the County Durham and Darlington area. The Urgent Care Centre services are delivered by County Durham and Darlington NHS Foundation Trust.

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<sup>4</sup> Emergency Care Weekly Situation Report Definitions, NHS England, April 2014

- 6.6 Examples of the type of ailment or minor injury that Urgent Care Centres can treat include: chest infections; urine infections; suspected eye infections; fevers; cuts; sprains and strains; hand, foot and wrist fractures.
- 6.7 There are some differences in how the current Urgent Care Centres operate across the County.

Urgent Care Centre	Location	Hours of Operation
Darlington	Daytime: Dr Piper House Out of Hours: Darlington Memorial Hospital alongside A&E	8am to 6pm 6pm to 8am
Bishop Auckland	Bishop Auckland General Hospital	24 hours a day, 7 days a week
Peterlee	Peterlee Community Hospital	24 hours a day, 7 days a week
Seaham	Seaham Primary Care Centre	Monday to Friday 8am – 6pm
Durham City	University Hospital of North Durham	6pm to 8am Monday to Friday 24 hours over a weekend
Derwentside	Shotley Bridge Community Hospital	24 hours a day, 7 days a week

- 6.8 Changes will be made to the Urgent Care Centre at Shotley Bridge Community Hospital. From January 2015 these are:
- The Urgent Care Centre will be re-designated as a 'nurse led' minor injuries service;
  - Increasing capacity in primary care to facilitate better access to urgent care within GP Practices;
  - Re-investment of monies to facilitate expansion of capacity within primary care;
- 6.9 The overall approach will reduce duplication of resources between Primary Care Urgent Care and Urgent Care Centres in hours.
- 6.10 In addition, a Walk in Centre is also provided under a contract with Intrahealth, that operates from 8am to 8pm, 7 days a week, at Healthworks, Easington.

**CHALLENGE:** Patient perception of lack of availability of timely GP appointments within Primary Care.

**CHALLENGE:** High footfall within Urgent Care Centres, particularly people who attend with no prior appointment booked.

## Community and Primary Care

### Telephone Advice - 111

- 6.11 North East Ambulance Service currently provide a telephone triage and co-ordinate an appropriate response to a wide range of urgent medical situations where urgent medical support is required but the situation is not life threatening.

The service is free to access and available 24 hours a day, 365 days a years.

## GP Practices and Primary Care

6.12 The table below shows the number of GP Practices available across all three Clinical Commissioning Group areas:

Clinical Commissioning Group	GP Practices
DDES CCG	42
North Durham CCG	31
Darlington CCG	11

6.13 A number of GP Practices across all three Clinical Commissioning Groups currently operate extended opening hours to facilitate increased capacity, flexibility and availability of GP appointments. This type of service is fundamental in supporting the move towards 7 days services available within Primary Care.

**CHALLENGE:** Coverage of Provision of extended GP opening hours is not currently comprehensive in all areas and time limited funding for 7 day extended hours services.

**CHALLENGE:** Complex contractual arrangements for current Urgent Care and GP Out of Hours Services under one contract.

## Other Community Services

6.14 A wide range of local community health and social care services exist across County Durham and Darlington providing support to the current urgent and emergency care pathway. These include Community Mental Health Teams, Statutory Social Care Assessment and Support, Voluntary Sector Services for example British Red Cross, Home from Hospital Services and Hospices.

6.15 A new Integrated Short-term Intervention Service (ISIS) is now operating across County Durham for a pilot period and subject to review. This new service expands the existing integrated health and social care services by:

- bringing together existing community based short-term intervention services
- adding significant capacity to the existing intermediate care pathway, and;
- providing new, additional community short-term intervention services
- all under one umbrella, for people who need rehabilitation and recovery support, either within the community and for people returning home from hospital.

The service is accessed by health and social care professionals through a Single Point of Access from April 2014, 24 hours a day, 7 days a week, including Bank Holidays.



## Prescribing Community Pharmacies and Minor Ailments

6.16 The table below shows the number of Community Pharmacies available across all three Clinical Commissioning Group areas:

Clinical Commissioning Group	Community Pharmacies
DDES CCG	73
North Durham CCG	52
Darlington CCG	23

6.17 Community Pharmacies provide a wide range of NHS services summarised in the table below. Overall they offer free and confidential health advice without the need for an appointment.

	Service Provided
All Pharmacies	Dispensing of Drugs / Drug Tariff Appliances / Elastic Hosiery Repeat Dispensing Disposal of Unwanted Medicines Health Advice, Travel Health Advice Promotion of Healthy Lifestyles Signposting to other Healthcare Providers
Most Pharmacies	Medication Use Reviews and Prescription Interventions Support for people starting to take New Medicines Advice on Minor Ailments Sexual health services Support for Smoking Cessation
Some Pharmacies	NHS Health Checks Anticoagulant (Warfarin) Monitoring Clinic Substance Misuse Services Needle and syringe exchange services Alcohol Interventions Pandemic and Seasonal 'Flu vaccination services Palliative care services Medication support to Care Homes Out of hours services – Sunday and Bank Holidays on a rota basis and 100 hour pharmacies

(Summarised from 'Services available through our Community Pharmacies' County Durham and Darlington Local Pharmaceutical Committee July 2012<sup>5</sup>)

6.18 The majority of pharmacies support with Minor Ailments, a service specification exists clearly detailing what constitutes a minor ailment and the responsibilities of the pharmacy in respect of: a professional consultation, for patients registered with a GP and presenting with one of the specified conditions under the supervision of a pharmacist, advice and where appropriate prescribing medication in line with the service specification. Examples of minor ailments covered by this service includes sore throats, headaches, earache, temperature, allergic contact dermatitis, hay fever, head lice, infant teething.

**CHALLENGE:** A lack of independent prescribing by community pharmacists for medicines for certain medical conditions.

<sup>5</sup> [http://www.durhamlpc.org.uk/Assets/Contractors\\_PDFs/OE\\_AF\\_75\\_EE\\_40\\_OE/CD\\_D\\_Pharmaceutical\\_Services.pdf](http://www.durhamlpc.org.uk/Assets/Contractors_PDFs/OE_AF_75_EE_40_OE/CD_D_Pharmaceutical_Services.pdf)



## GP and Paramedic Support

### Life Threatening Situations

- 6.19 The North East Ambulance Service provide emergency ambulances staffed with Paramedics and Emergency Care Assistants. They respond to a wide variety of serious or life-threatening calls. Working alongside ambulance crews, a team of Rapid Responders are also able to provide paramedic rapid response to commence emergency treatment of a patient ahead of an ambulance arriving on the scene.
- 6.20 In some serious emergencies, you could also be treated by a medical team from the Great North Air Ambulance. The medical team on the helicopter includes an acute Consultant (for example, Anesthetists, Emergency Department Consultant) and a Paramedic who are skilled in treating patients who have serious traumatic injuries.

### Urgent Situations

- 6.21 At present transport is provided for doctors to visit patients at home and for patients who are unable to travel to the GP Practice or Urgent Care Centre on their own.

### Non Urgent Situations

- 6.22 Non urgent transport is currently provided by North East Ambulance Service by their Patient Transport Service. This service takes members of the public to and from their homes to outpatients' appointments, dialysis, chemotherapy, clinics, physiotherapy or on non-urgent transfers between different hospitals.
- 6.23 The service covers Teeside, South Tyneside, North Tyneside and Northumberland as well as County Durham and Darlington and undertakes over a million journeys every year between the various hospitals in the North East. Crews are trained as ambulance care assistants with specialist knowledge of comprehensive first aid, driving skills and patient moving and handling techniques. Some GP Practices organise their own non urgent patient transport directly outwith this service.

### Patient Feedback

- 6.24 In planning services for County Durham and Darlington patients it is essential to consider the requests of patients for a more joined-up service. It is intended that patients and their carers' experience and views are sought and embedded throughout the life of the strategy and development of services to support the strategy implementation.
- 6.25 Both North Durham CCG and DDES CCG have recently undertaken engagement work with patients to explore their current experiences of urgent care services and where they feel improvements can be made.

### NHS Durham Dales, Easington and Sedgefield CCG

- 6.26 During 2014, DDES CCG undertook an Experience Led Commissioning to explore how best to support people with urgent care needs in community settings.
- 6.27 The engagement exercise included mapping both patient and front line staff experiences in particular of Primary Care (especially general practice and community

pharmacy), out of hours GP's, A&E, Urgent Care Centres in DDES, self-management of long-term conditions and unexpected health issues, maintaining mental and emotional wellbeing and community based support.

- 6.28 The key message from patients was that Urgent Care Centres are their second choice or last resort, with their first choice being their own GP Practice.
- 6.29 There were also some suggestions around better communication to help people feel informed, confident and supported when they become ill and are deciding what to do and educated and helped to understand their health issues when they are with urgent care professionals.

#### NHS North Durham CCG

- 6.30 A public engagement exercise undertaken during the summer of 2014 to help inform the local model for urgent care providing feedback on:
- Understanding urgent care services and levels of activity across North Durham
  - Providing more primary care based urgent care within GP practice
  - Reviewing the in-hours (8.00am – 6.00pm) urgent care service at Shotley Bridge Hospital.
- 6.31 A range of engagement methods included online information and feedback forms, wide distribution of information about the proposals across health and social care acute community facilities such as hospital waiting areas, GP Practices, libraries and leisure centres, focus groups and drop-in sessions.
- 6.32 An online survey was completed as part of the engagement approach providing positive feedback for the proposed model with 63% of respondents stating 'the proposed changes would make urgent care services better' and 52% stating 'the proposed changes would make it easier for me to access urgent care services and 34% who felt the changes wouldn't affect them or who didn't have a strong opinion.
- 6.33 As well as feedback in relation to the proposals the engagement exercise identified a general need for the public to have a better understanding of the difference between urgent care and emergency care.

#### Local Progress

##### NHS Durham Dales, Easington and Sedgefield CCG

- 6.34 DDES CCG has considered the national messages in developing it's local approach to urgent care. Building on the feedback from the recent Experience Led Commissioning engagement work part of the proposed way forward is to place GP Practices at the heart of the urgent care system providing access to responsive primary and community care services 7 days a week.
- 6.35 Work is continuing to understand the activity, trends, patient flows and resource distribution within current urgent care centres and further engagement and consultation with primary and acute care clinicians, patients and the public will take place in the future.

## NHS North Durham CCG

6.36 North Durham CCG has considered the national work and developed a wider strategy for primary care services based on the needs of the local population. Their wider strategy aims to place GP practices at the centre of providing access to responsive wider primary and community care services over 7 days a week including the urgent care needs of patients. It is anticipated that this would provide the increased capacity and access to GP practices from 8am to 8pm and weekends to meet the urgent care and wider enhanced care needs of patients. North Durham CCG have developed an urgent care model and is progressing the development and consolidation of this in collaboration and partnership with the local Health and Wellbeing Board and Durham County Council's Overview and Scrutiny Committee.

As part of this local approach, following public engagement, Shotley Bridge Community Hospital is currently being re-designated as Nurse led Minor Injuries unit in-hours with additional GP Practice capacity freed up to absorb additional urgent appointments. This will be completed in January 2015.

6.37 All three Clinical Commissioning Groups recognise that responsive primary care is the foundation of the future health system – including urgent care. It is also recognised that alongside responsive primary care, people need support to help them keep well and effectively self-manage their health condition(s) so that they use urgent and unplanned care services less.

## NHS Darlington CCG

6.38 The reconfiguration of urgent care and A&E services is a key priority for the CCG, in delivering improved urgent and emergency care services for the people of Darlington.

6.39 Their aim is to provide local people with equitable access to sustainable, high quality, safe and effective urgent and emergency care services at the right time and in the right place.

6.40 Supported by evidence from other parts of the UK, the CCG is committed to delivering urgent care services as part of an integrated model, alongside the Emergency Department, resulting in a better experience for patients and a better use of resources.

## 7 Future State

7.1 To address the current challenges The County Durham and Darlington System Resilience Group have agreed to work collaboratively to provide:

- Integrated urgent care services will be embedded into patient pathways;
- Joined up pathways ideally in the community where patients live;
- Simpler, safer and more effective services;
- Improved patient experience and outcomes;
- Better quality and value for the tax payer; and
- Overall the right care, in the right setting, at the right time.

7.2 In essence the future of emergency and urgent care services across County Durham and Darlington will seek:



7.3 To meet the seven objectives (Section 2.7) all partners will need to work jointly, proactively and effectively to review existing resources and pathways, explore alternative options for provision and consider joint commissioning opportunities to make best use of the resources available and ensure a joined up approach for patients.

7.4 Whilst this strategy intends to deliver a shared vision over the next five years, it is acknowledged that health and social care is continually developing and changing and this strategy will need to be reviewed annually to ensure it continues to meet the needs of the population.

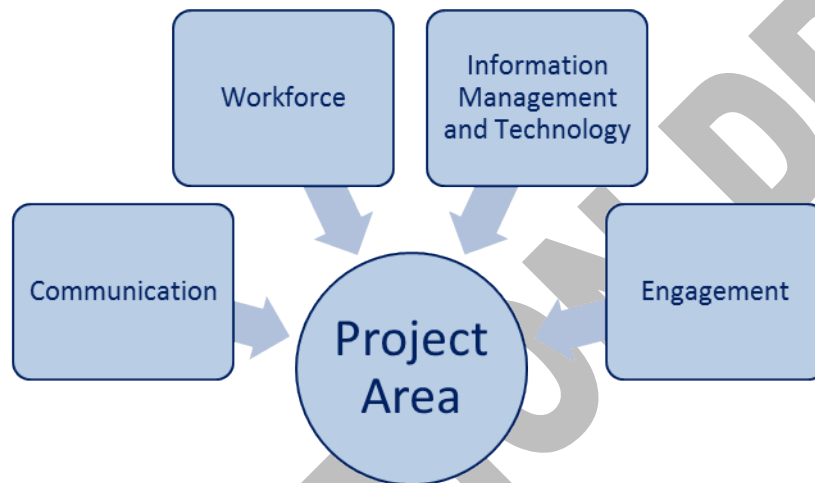
7.5 The Urgent Care Strategy actions will be implemented through three workstream areas with specific actions aligned to each workstream. Project Leads will be identified for each action. The System Resilience Group will oversee the implementation of the whole action plan, receiving updates and monitoring progress on a monthly basis.

7.6 The three workstream areas are shown in the table below. [Section 8 Implementing a New Approach](#) provides further detail on the scope of each workstream and lists the specific project areas under each workstream alongside anticipated outcomes and Key Performance Measures.

Workstreams	
1	Managing and monitoring demand

2	Accessing appropriate care first time
3	Improving quality of patient experience and flow

7.7 Each Project Lead will be responsible for ensuring the key enablers are considered and proactively incorporated into the implementation of the Project Areas they are responsible for. As such, actions in relation to the key enablers will be incorporated into the individual project plans for each Project Area. The key enablers should also work together to support the implementation of each Project Area as shown in the diagram below:



### Gap Analysis

7.8 A number of factors have been considered in identifying the current gaps and issue to be addressed as part of the strategy implementation. These have included analysis of:

- Current service provision including geographical spread, current pressures and access;
- Public feedback about current urgent care provision and their future expectations;
- Current service activity levels and performance;
- Availability of resources;
- Service quality.

7.9 Through a series of workshops undertaken during the summer of 2014, all commissioners and providers operating in the urgent and emergency care system within County Durham and Darlington have worked together to identify the workstream and project areas that have culminated in the action plan for this strategy. In depth patient engagement undertaken in North Durham and the Durham Dales, Easington and Sedgefield Clinical Commissioning Group areas have also influenced the local future direction for urgent and emergency care as well as the workstream and individual project areas.

7.10 Key challenges identified during the strategy development include:

- Increasing ageing population and numbers of people with long-term conditions and complex needs;
- An urgent and emergency care system difficult for both patients and professionals to navigate;
- Services that appear unrelated or fragmented and unable to meet future expectations and demand;
- Potential for duplication and inefficient use of staff skills and time;
- Continued and increasing pressure on local urgent and emergency care systems including GP Out of Hours Service;
- A need to reduce length of time patients spend in A&E and on ambulance handovers to A&E;
- A lack of integration between Urgent Care, Primary Care and Community Services to address the growth in A&E attendances;
- Patient perception of lack of availability of timely GP appointments within Primary Care;
- High footfall and increased overall attendance within Urgent Care Centres, particularly people who attend with no prior appointment booked;
- Provision of extended GP opening hours is not currently comprehensive in all areas and time limited funding for 7 day extended hours services;
- A lack of independent prescribing by community pharmacists for medicines for certain medical conditions;
- Complex contractual arrangements for current Urgent Care and GP Out of Hours Services under one contract.

7.11 In moving to implement actions to address the above challenges members of the County Durham and Darlington Strategic Resilience Group will take into consideration the diverse needs of the local populations both within and between local Clinical Commissioning Group and local authority boundaries.

## **8 Implementing a New Approach**

This section describes the different workstreams and the key actions aligned to them that will make up the strategy action plan over the life of the strategy. The actions have been developed from the collaborative workshops during the summer of 2014, current commissioning intentions and gaps and issues identified during the strategy development. The overall focus is on creating an integrated urgent and emergency care system where:

**‘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.’**

Each project lead is responsible for ensuring that each project area is supported by the key enablers, Communication, Workforce, Information Management and Technology and Engagement during the implementation process.

#### [Links to other care pathways](#)

It should be noted that some of the actions identified within this strategy link directly to work being undertaken within other care pathways, such as the Frail Elderly and End of Life Pathways. A joined up approach to prevent duplication will be implemented where appropriate.



## 8.1 Workstream 1: Managing and monitoring demand

- 8.1.1 The demand workstream is focused on gaining an in depth understanding of the key drivers of patient need and therefore demand for urgent and emergency care services. This workstream aims to interrogate a range of data collated from the whole system including primary care demand data and A&E attendances and unnecessary 4 hour wait breaches, outside the National 95% target. This analysis will help build a clear picture of where and why pressures occur within key points of the system and help develop a proactive approach to surge management.
- 8.1.2 Work undertaken within other workstreams will also impact positively on reducing overall demand, for example, reducing acute admissions for people aged 75 and over, and for those aged 75 and over who do require an acute inpatient bed, a focus on reducing their average length of stay.
- 8.1.3 Whilst data analysis is beneficial in establishing broad patterns of activity, this can be limited by variations in data collection methods, and does not necessarily reflect the complexity of the patient journey. Robust analysis of how services are used, what patients want and expect when they experience unexpected health needs, and how patients want to interface and experience services will help to ensure services are developed to meet the presenting and future needs of patients who need support from urgent and emergency care services.
- 8.1.4 Analysis of current projects, how they impact on existing services, and the plans currently in place across both commissioning and provider organisations will help identify issues and gaps within the current pathway that need to be addressed. Options to address the identified gaps will be researched, appraised and agreed priorities will be implemented to address the gaps.

Action Plan Number	Projects	KPI's	Outcomes
1.1	Evaluate current A&E attendance including frequent attenders, and identify unnecessary breaches	• 95% target for 4 hour waits for all acute trusts by site	• 3.5% reduced demand on CD&D emergency and urgent care system
1.2	Compare Clinical Commissioning Groups/ Foundation Trust and other key providers plans to determine current gaps/priorities	• Number of Ambulance Handovers within 15, 30, and 120 minutes	• The patient will not experience any delay in experiencing the most appropriate interventions through the whole pathway being able to respond to unpredictable fluctuations in demand
1.3	Commissioners and providers to develop options to address gaps and agree a solution and implement	• Reduction in Delayed Transfers of Care	
1.4	Implement Regional Flight Deck	• Reduction in number of admissions for patients 75 and over	
1.5	Reduce numbers of admissions for over 75's		
1.6	Reduce average length of stay for	• Reduction in length	



	over 75's	of stay for patients 75 and over	
1.7	Reduce re-admissions rates		
1.8	Review and realign emergency activity between County Durham and Darlington NHS Foundation Trust and Gateshead Health NHS Foundation Trust	<ul style="list-style-type: none"> <li>• National Indicator for 30 day re-admissions</li> <li>• Percentage of organisations providing timely monthly data for Area Team Resilience Tracker</li> </ul>	
1.9	Work collaboratively to develop, implement and monitor effectiveness of resilience plans		
1.10	Review of primary care activity to inform and support surge management	<ul style="list-style-type: none"> <li>• Total Primary Care patient contacts</li> <li>• Percentage of Primary Care population seen</li> </ul>	

## 8.2 Workstream 2: Accessing appropriate care first time

- 8.2.1 The current complexity of the urgent and emergency care system for both patients and professionals alike results in patients sometimes attending services that are not best suited to address their immediate presenting needs. Triage and assessment time is therefore potentially duplicated with additional unnecessary demand artificially created for some key services, such as A&E. This results in delays in the system and may result in delays in accessing the right treatment for some patients.
- 8.2.2 Workstream 2 focuses on exploring the level of activity, reasons and sources of referrals and resulting outcome for several key services including NHS 111 and the Ambulatory Care Service to explore whether some people could be more appropriately referred to alternative services, for example within secondary or primary community services as opposed to A&E. It has been identified that there is a significant number of A&E admissions for people with Ambulatory Care Sensitive Conditions<sup>6</sup>. There will be a focus on exploring the reasons for this ensuring that patients are triaged to the right service, first time. For those who are appropriately referred to the Ambulatory Care Service, exploration about the potential expansion of this service will also be undertaken.
- 8.2.3 Similarly there is a need to provide education to all referrers including primary care about the different service provided by North East Ambulance Service to ensure that patients are referred to the right service to meet their needs first time. Work is already progressing in this area.
- 8.2.4 Older people are particularly susceptible to complications during a spell in hospital. The overall goal is to support the person in their usual environment wherever possible. This includes primary and community care initiatives to reduce acute admissions for older people from Nursing Homes, and to ensure that people who are

<sup>6</sup> Emergency admissions for Ambulatory Care Sensitive Conditions – characteristics and trends at national level, NHS England March 2012

in the last stages of their lives are supported appropriately to receive the care they need in the most appropriate environment for them as individuals.

- 8.2.5 Older people are particularly susceptible to falls, which may result in fractures, an acute inpatient stay and a significant period of rehabilitation as well as loss of confidence and possible consequences. Links will be established with the Frail Elderly pathway to ensure support for falls prevention initiatives for older people.

Action Plan Number	Projects	KPI's	Outcomes
2.1	Review of bed capacity, patient flows and discharge planning across all services, 7 days a week	• Decrease in admissions from nursing homes to hospital (A&E and also inpatient beds)	•The patient will be supported to remain at the their usual place of residence wherever possible
2.2	Embed the role of peer support, voluntary sector and community networks in to support people to self-care	• Number of referrals to A&E or Urgent Care Services from NHS 111	• The patient will be seen at the right time, by the right person with the right skills to manage their needs, in the right place
2.3	Support care homes to reduce admissions to A&E and inpatient beds	• Number of unplanned admissions for chronic ambulatory care sensitive conditions	• The patient who is vulnerable to needing urgent or emergency care services will have a plan to support them to manage their condition effectively
2.4	Links will be established with the Frail Elderly pathway to ensure support for falls prevention initiatives for older people	• Reduction in numbers of palliative care patients dying within 48 hours of an acute admission	
2.5	Decrease in inappropriate ED referrals from NHS 111		
2.6	Education to referrers to clarify access criteria for each type of service provided by North East Ambulance Service to ensure appropriate referrals first time		
2.7	Investigate numbers of admissions for people with ambulatory care sensitive conditions. Consider options to address and implement preferred option within Primary or Secondary care as appropriate		
2.8	Reduce the number of palliative care deaths within 48hrs of admission by 10%		
2.9	GP Triage		
2.10	Review existing Ambulatory Care		

	Service to determine potential for expansion		
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### 8.3 Workstream 3: Improving quality of patient experience and flow

- 8.3.1 Urgent and emergency care demand varies significantly throughout the day, week or year. This unpredictability creates challenges around how services are planned and resourced effectively to meet fluctuating pattern. Over time, systems have developed to manage patients flows between services and within services. Improvements have been achieved in making these flows faster and simpler, and yet the capacity to manage the demand is still under pressure.
- 8.3.2 This workstream focuses on key areas of the system where patient flow has been identified as needing to be investigated and/or improved including:
- Inflows into A&E
  - Inpatient and Urgent Care Services
  - Hospital discharge and out of hospital care
- 8.3.3 This includes reviews of bed capacity, patient flows and systems, including discharge planning and supportive discharge models, across all services and across the seven day week to identify barriers within the system and areas that needs development to help improve patient flow.
- 8.3.4 A Guide to Planning a Perfect Week<sup>7</sup> will be used to help support improvements to patient flow within A&E. The guide was published by NHS Emergency Care Intensive Support Team (ECIST) as a supportive tool to aid best use of resources, staff job satisfaction and overall patient quality within A&E departments Nationally.
- 8.3.5 Patients accessing the right service to meet their immediate presenting needs and receiving the correct assessment and treatment is crucial for both meeting the patient's immediate concerns and ensuring that financial and clinical resources invested in the system are appropriately targeted and cost effective with clinical resource appropriately aligned.
- 8.3.6 However it is currently unclear what patients understand by 'urgent care' and the difference between primary care, urgent care and emergency care. The result is that patients can be uncertain which service is best placed to address their immediate needs. This can result in duplication such as multiple appointments, poor use of resources and an unsatisfactory patient experience.
- 8.3.7 To help ensure patients are supported appropriately and improve their experience the strategy implementation will also work closely in partnership to ensure an integrated approach to the development of care pathways, including innovative solutions to manage care at home.

<sup>7</sup> A Guide to Planning a Perfect Week, NHS Interim Management and Support, *NHS Emergency Care Intensive Support Team (ECIST)*.

8.3.8 As well as being able to successfully navigate through the system, prevention and supporting independence initiatives are also key to helping people maintain their health and wellbeing in the first place. This workstream therefore includes a focus on self-care and prevention initiatives such as Anticipatory Care Plans and Integrated Care Plans that transfer across Primary, Community and Secondary Care services. We will also ensure that the unique needs of children, people with dementia and those people with learning disabilities, are reflected in the context and environment in which care is provided to ensure our urgent and emergency care systems are appropriate for all.

Action Plan Number	Projects	KPI's	Outcomes
3.1	15 mins ambulance handover at 95% (links to reduction in 111 ED arrivals work)	• Number of Ambulance Handovers within 15 minutes - target 95%	• Patients and the public are central to designing the right systems and are at the heart of decisions being made.
3.2	Increase the number of people that use a GP first for urgent care: Patient Education, Primary Care Strategy and Plan and Public Health	• Increase in numbers of patients accessing their GP for urgent care	• The patient will experience a joined up and integrated approach regardless of the specific services they access
3.3	Review of Urgent Care Services and Service Specifications in North Durham	• Increase in numbers of people of all ages with anticipatory care plans in place	• Patients and the public know how to access information and guidance in the event of needing urgent or emergency care
3.4	Develop a self-care strategy which supports people to self-care through individual focused agreed anticipatory care plans	• Number of services with Gold Standard Framework in place	
3.5	Improve interfaces between mental health/acute hospital and community services to improve patient experience	• Number of Integrated Care Plans in place transferable between Primary, Secondary and Community Services	
3.6	Develop Integrated Care Plans that transfer across Primary, Secondary and Community Services		
3.7	Implement improvements to Emergency Care Systems: <ul style="list-style-type: none"> <li>• recommendations of ECIST report</li> <li>• recommendations of second stage review of emergency and urgent care</li> </ul>		
3.8	Develop and implement the urgent care model across County Durham and Darlington		

3.9	Implement changes to skill mix for Rural Ambulance Service in the Durham Dales		
3.10	Ensure the needs of children, people with dementia and people with learning disabilities are met appropriately within the urgent and emergency care pathway		

CONSULTATION DRAFT

## 9 Critical Success Factors

9.1 There are a number of critical success factors which are essential in order to deliver the plan outlined in this strategy which is outlined below:

- Patients report that they are accessing the right service, at the right time, first time;
- Positive patient reported experience of all urgent and emergency care services within the system;
- Providers feel supported and have sufficient resources to meet patient need;
- Commissioners feel their investment is cost effective and resulting in positive patient outcomes;
- Completion of actions stated within the Strategy Action Plan (**Appendix 3**);
- Reduction in overall demand for urgent and emergency care across the whole system;
- Continued achievement and over-achievement of the National 95% A&E 4 hour wait Target;
- Able to evidence a reduction in:
  - Acute length of stay
  - Re-admissions
  - Admissions for people aged 75 and over
  - Reduction in unavoidable deaths in acute settings
- Services feel they have been enabled to work in a joined up or integrated way.

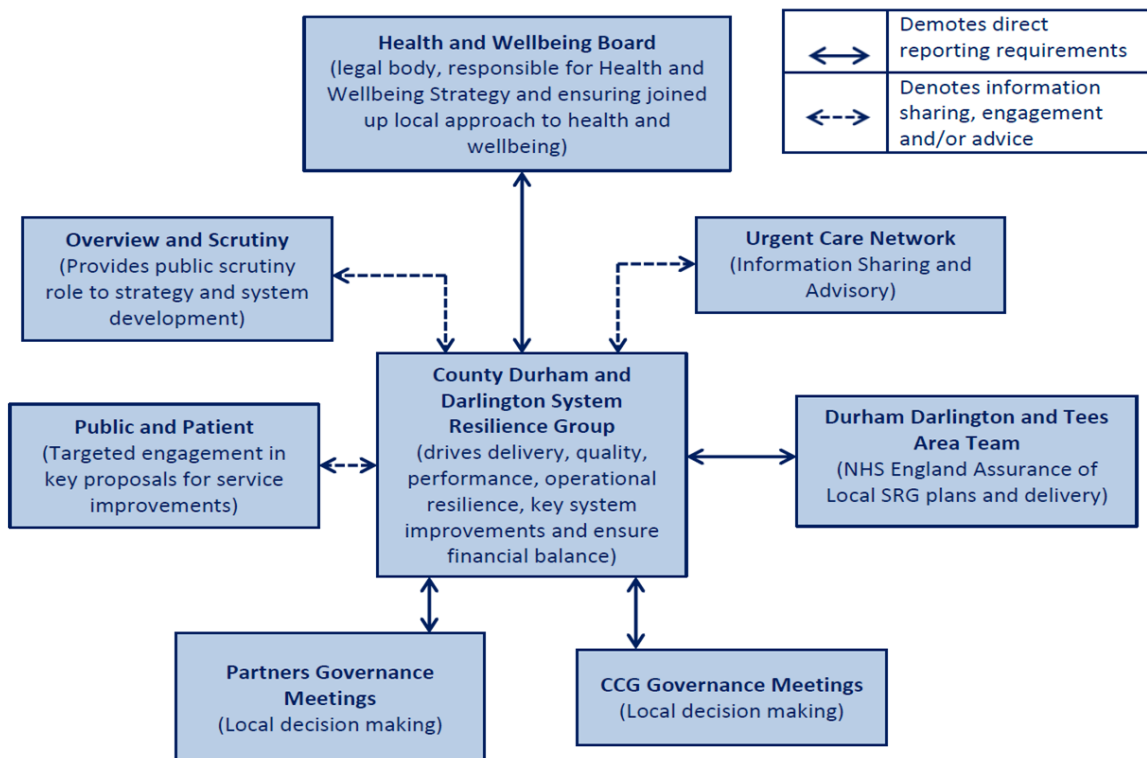
9.2 There are a number of key behaviours that will be required from all commissioners and providers contributing to the implementation of this strategy to achieve the critical success factors set out above. These include:

- Strong leadership that empowers individual staff to take responsibility and make appropriate decisions;
- An ability to lead and drive forward cultural change in a positive way;
- The commitment of all stakeholders from front line staff to executive teams to implementing the strategy;
- A commitment to work collaboratively;
- A determination and mature approach to working through difficult issues collaboratively;
- A resolve to ensure that positive patient experience is at the heart of all system changes undertaken.

## 10 Governance and Implementation Plan

- 10.1 The System Resilience Group will be responsible for the ownership, oversight and monitoring of the implementation of the strategy action plan. The full action plan can be seen in **Appendix 3**.
- 10.2 Each lead for the actions currently being progressed by the System Resilience Group will be required to provide an update on risks and action taken to mitigate risks and partners will be Each Task and Finish Work Programme lead will be expected to demonstrate how their group will ensure they are contributing to the overall vision through their project plans. The groups will use the NHS Change Model and its key components to develop the projects, and identify the key enablers and levers that need to be implemented; such as funding streams or outcome measures, to enable transformational change.
- 10.3 The System Resilience Group is supported by local decision making within partner organisations own Management Meetings and Boards. NHS England’s Durham, Darlington and Tees Area Team has a close working relationship with the SRG, attending the meetings and providing an overall assurance role.

### System Resilience Group – Governance Structure



- 10.4 The group ensures involvement of local Overview and Scrutiny Committees in proposed service changes and the strategy development and feeds into a regional Urgent Care Network. This group provides an opportunity for all Regional System Resilience Group Leads to meet alongside the North East Ambulance Service, share progress and information to help inform local delivery.

- 10.5 Public and patient engagement to support the work of the System Resilience Group is a crucial aspect to ensure the system changes implemented over the life of the strategy are in line with the needs of the public and patients. Appropriate targeted engagement will be undertaken by lead organisations for specific strategy actions as opposed to be being led by the System Resilience Group itself. However the learning will inform the overall strategic direction as well as help shape local service delivery models.
- 10.6 Overall the County Durham and Darlington System Resilience Group reports into both local Health and Wellbeing Boards to ensure appropriate engagement and ratification of key areas of work, for example, the Urgent Care Strategy.

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## APPENDIX 1 – Key National and Local Policy and Best Practice Documents

### National Policy and Guidance

- NHS Operating Framework 2012/13
- NHS England: Improving A&E Performance Gateway ref: 00062
- Primary Care Foundation Urgent Care – A practical guide to transforming same-day care in general practice (2009)
- DoH (2000), The NHS Plan, Department of Health, London
- DoH (2001) National Service Framework for Older People, Department of Health, London
- Royal College of General Practitioners Guidance for Commissioning integrated Urgent and Emergency Care – A Whole System Approach (2011)
- Primary Care Foundation – Breaking the mould without breaking the system (2011)
- The NHS Centre for Involvement Department of Health A Guide to Patient and Public Involvement in Urgent Care (2008)
- National Ambulance Commissioners Group Achieving Integrated Unscheduled Care - the view from the National Ambulance Commissioners Group (2010)
- Department of Health High Quality Care For all: NHS Next Stage Review (2008)
- Department of Health Equity and Excellence: Liberating the NHS (2010)
- Department of Health A Vision for Adult Social Care (2010)
- The King's Fund: Avoiding Hospital Admissions (2010)
- Department of Health Equity and Excellence: Liberating the NHS (2010)
- Health and Social Care Act 2012
- The Francis Report (2013) <http://www.midstaffpublicinquiry.com/report> (accessed 8 April 2013)
- The King's Fund Urgent and Emergency Care- A Review for NHS South of England (2013)
- Somerset Urgent and Emergency Care Strategy 2013 – 2015
- Urgent Care Strategy 2013 – 2018, Hartlepool and Stockton on Tees CCG

### Local Policy and Guidance

- County Durham and Darlington NHS Foundation Trust Clinical and Quality Strategy: Right First Time 24/7 2014
- North Durham, Durham Dales Easington and Sedgefield, and Darlington Clinical Commissioning Groups: Improving Palliative and End of Life Care: Strategic Commissioning Plan 2013 – 18
- County Durham and Darlington Fire and Rescue Service: Three Year Strategic Plan 2015-18 Consultation Document <https://www.ddfire.gov.uk/service-plans> (accessed 17th October 2014)
- County Durham and Darlington Local Resilience Forum: Annual Report 2012-13 <https://www.durham.police.uk/Information-and-advice/Pages/Local-Resilience-Forum.aspx> (accessed 17th October 2014)
- Tees Esk and Wear Valleys NHS Foundation Trust: External Major Incident Plan in June 2014 <http://www.tevv.nhs.uk/About-the-Trust/How-we-do-it/Strategies/> (accessed 17<sup>th</sup> October 2014)
- County Durham Partnership: The Sustainable Community Strategy for County Durham 2010-30 <http://www.countydurhampartnership.co.uk/Pages/CDP-SustainableCommunityStrategy.aspx> (Accessed 17th October 2014)

- North Tees and Hartlepool NHS Foundation Trust: <http://www.nth.nhs.uk/our-vision/>
- North East Ambulance Service: Draft Quality Strategy: Right Care, Right Place, Right Time 2014-16
- City Hospitals Sunderland NHS Foundation Trust: Operational Plan 2014-16
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/338071/SUNDERLAND\\_Operational\\_Plan\\_14-16\\_1\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338071/SUNDERLAND_Operational_Plan_14-16_1_.pdf) (Accessed 17th October 2014)
- Durham County Council: Council Plan 2014-17  
[http://www.durham.gov.uk/media/4847/Council-Plan-2014\\_2017/pdf/CouncilPlan.pdf](http://www.durham.gov.uk/media/4847/Council-Plan-2014_2017/pdf/CouncilPlan.pdf) (Accessed 24<sup>th</sup> October 2014)
- Darlington Partnership: One Darlington Perfectly Placed 2008 – 2026 revised May 2014 <http://www.darlington.gov.uk/media/362819/one-darlington-perfectly-placed.pdf> (Accessed 17th October 2014)
- Sunderland Clinical Commissioning Group: Sunderland Health & Care System Strategic Plan 2014-19: <http://sunderlandccg.nhs.uk/wp-content/uploads/2014/07/Strategic-Plan-v1.0.pdf> (Accessed 24th October 2014)
- Hartlepool and Stockton-on-Tees Clinical Commissioning Group: Clear and Credible Plan Refresh 2014/15 – 2018/19 [http://www.hartlepoolandstocktonccg.nhs.uk/wp-content/uploads/2013/11/HAST\\_CCG\\_5\\_YEAR\\_PLAN\\_FINAL\\_INTERNAL\\_WEB-15-August.pdf](http://www.hartlepoolandstocktonccg.nhs.uk/wp-content/uploads/2013/11/HAST_CCG_5_YEAR_PLAN_FINAL_INTERNAL_WEB-15-August.pdf) (Accessed 24th October 2014)

#### Key Enablers and Levers

- National Clinical Indicators
- CQC and Monitor licensing and compliance with CQC's "Essential standards of Quality and Safety"
- Existing and developing quality standards
- Quality, Innovation, Productivity and Prevention (QIPP) programme
- Reablement Funding
- GP Quality Outcomes Framework (QoF)
- Commissioning for Quality and Innovation (CQUIN) payment
- Provider contracts, service quality reviews and Service level agreements (SLA).

**APPENDIX 2 — Urgent Care Strategy 2014 – 2019 Plan on a Page**

**To be inserted. Summary of vision, objectives, worksteams and actions**

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## APPENDIX 3 – Urgent Care Strategy 2015-2020 Action Plan

This Action Plan will be reviewed by the System Resilience Group to monitor progress and annually during the life of the strategy to ensure actions remain appropriate and in line with patient need. The timescales identified are indicative and will also be reviewed as necessary as part of a risk management approach to the strategy implementation overall.

Action	Lead Organisation	Other Resources	Timescale	Comments/Progress
<b>Workstream 1 – Managing and Monitoring Demand</b>				
1.1 Evaluate current A&E attendance including frequent attenders, and identify unnecessary breaches				
1.2 Compare Clinical Commissioning Groups/ Foundation Trust and other key providers plans to determine current gaps/priorities				
1.3 Commissioners and providers to develop options to address gaps and agree a solution and implement				
1.4 Implement Regional Flight Deck				
1.5 Reduce numbers of admissions for over 75's				
1.6 Reduce average length of stay for over 75's				
1.7 Reduce re-admission rates				
1.8 Review and realign emergency activity between County Durham and Darlington NHS Foundation Trust and Gateshead Health NHS Foundation Trust				

Action	Lead Organisation	Other Resources	Timescale	Comments/Progress
1.9 Work collaboratively to develop, implement and monitor effectiveness of resilience plans				
1.10 Review of primary care activity to inform and support surge management				
<b>Workstream 2 – Accessing appropriate care first time</b>				
2.1 Review of bed capacity, patient flows and discharge planning across all services, 7 days a week				
2.2 Embed the role of peer support, voluntary sector and community networks in to support people to self-care				
2.3 Support care homes to reduce admissions to A&E and inpatient beds				
2.4 Links will be established with the Frail Elderly pathway to ensure support for falls prevention initiatives for older people				
2.5 Decrease in inappropriate ED referrals from NHS 111				
2.6 Investigate numbers of admissions for people with ambulatory care sensitive conditions. Consider options to address and implement preferred option within Primary or Secondary care as appropriate				

Action	Lead Organisation	Other Resources	Timescale	Comments/Progress
2.7 Reduce the number of palliative care deaths within 48hrs of admission by 10%				
2.8 GP Triage				
2.9 Review existing Ambulatory Care Service to determine potential for expansion				
<b>Workstream 3 – Improving quality of patient experience and patient flow</b>				
3.1 15 mins ambulance handover at 95% (links to reduction in 111 ED arrivals work)				
3.2 Increase the number of people that use a GP first for urgent care: Patient Education, Primary Care Strategy and Plan and Public Health				
3.3 Review of Urgent Care Services and Service Specifications in North Durham				
3.4 Develop a self-care strategy which supports people to self-care through individual focused agreed anticipatory care plans				
3.5 Improve interfaces between mental health/acute hospital and community services to improve patient experience				
3.6 Develop Integrated Care Plans that transfer across Primary, Secondary and Community Services				
3.7 Implement improvements to Emergency Care Systems:				

Action	Lead Organisation	Other Resources	Timescale	Comments/Progress
<ul style="list-style-type: none"> <li>• recommendations of ECIST report</li> <li>• recommendations of second stage review of emergency and urgent care</li> </ul>				
<b>3.8</b> Develop and implement the urgent care model across County Durham and Darlington				
<b>3.9</b> Implement changes to skill mix for Rural Ambulance Service in the Durham Dales				
<b>3.10</b> Ensure the needs of children, people with dementia and people with learning disabilities are met appropriately within the urgent and emergency care pathway				

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## APPENDIX 4 — Opportunities for Meeting People’s Urgent Care Needs Closer to Home

NHS England Urgent and Emergency Care Review (November 2013, p18)



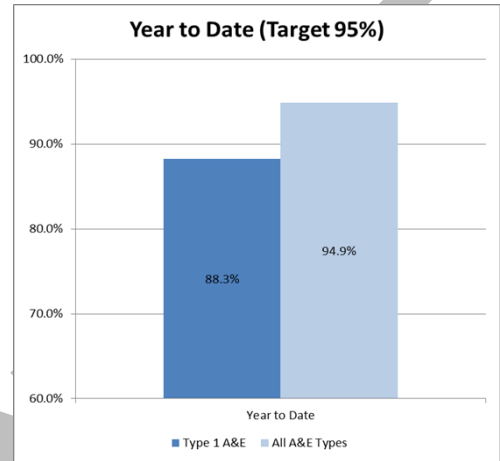
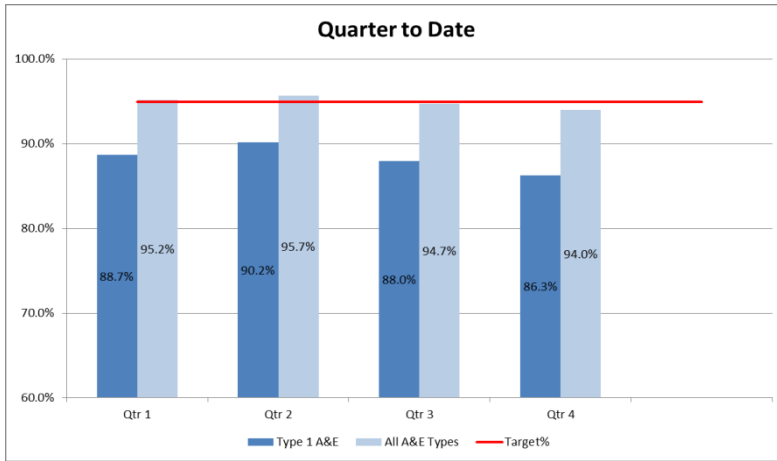
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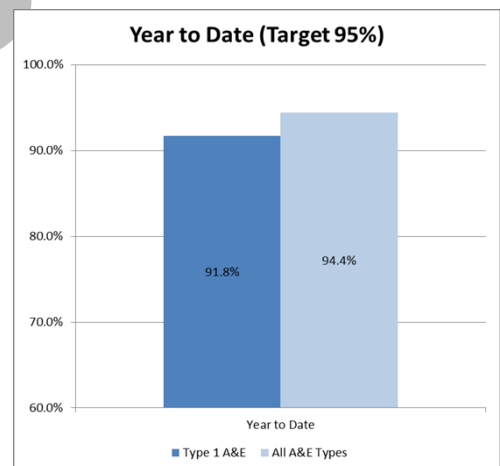
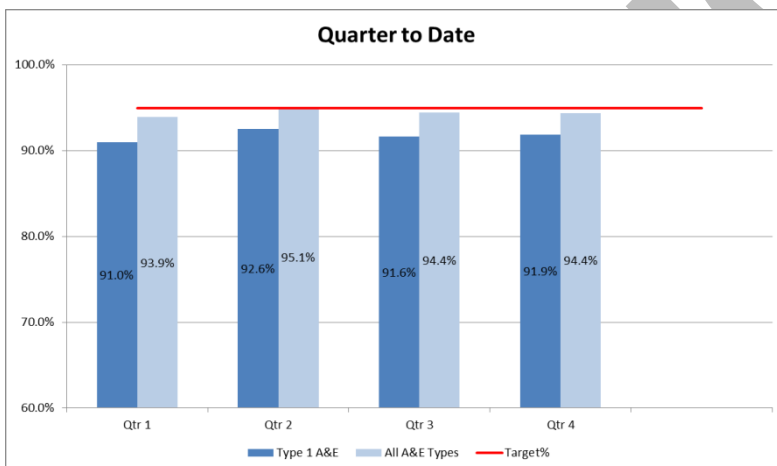
## APPENDIX 5 – ACTIVITY INFORMATION

### Weekly A&E 95% Target 2013/14

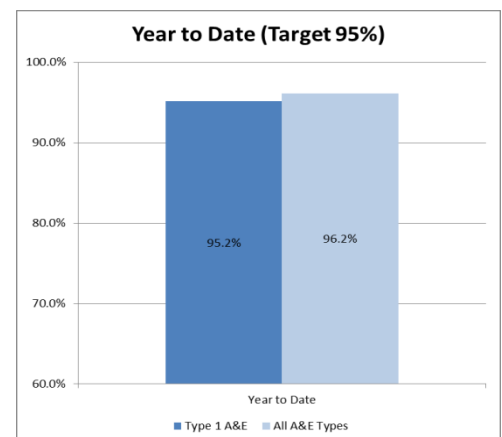
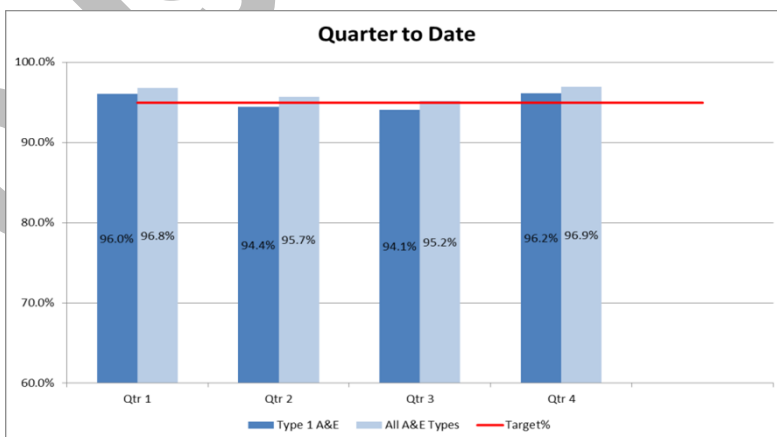
#### County Durham and Darlington NHS Foundation Trust



#### City Hospitals Sunderland NHS Foundation Trust

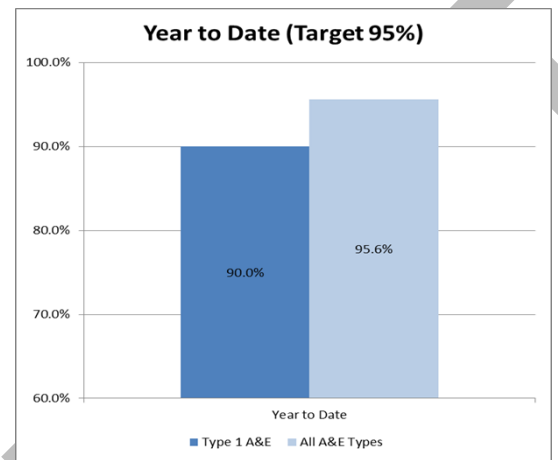
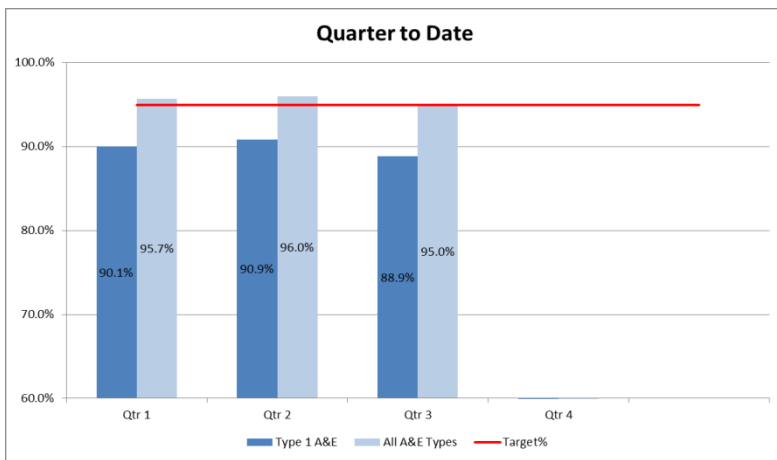


#### North Tees and Hartlepool NHS Foundation Trust

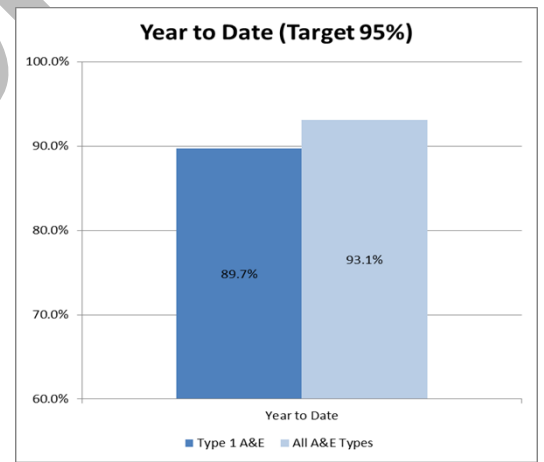
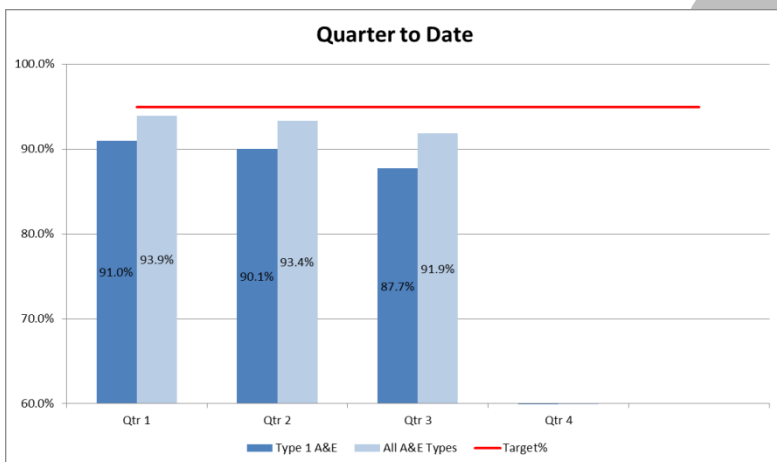


## Weekly A&E 95% Target 2014/15 (Date inclusive 1<sup>st</sup> April to 7<sup>th</sup> December 2014)

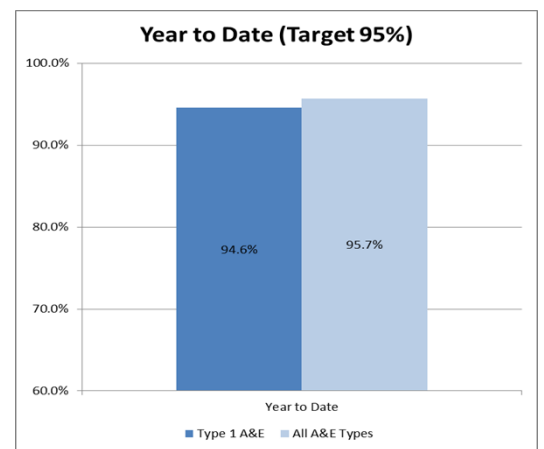
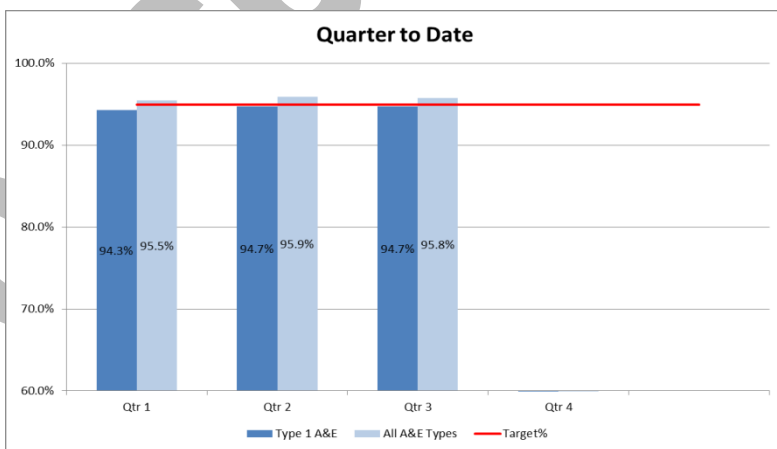
### County Durham and Darlington NHS Foundation Trust



### City Hospitals Sunderland NHS Foundation Trust



### North Tees and Hartlepool NHS Foundation Trust



## Ambulance Handover Delays by Trust 2012 to July/August 2014

Charts 2 to 5 below detail the trends in ambulance handover delays at stated time intervals for County Durham and Darlington NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust April 2011 to July /August 2014.

Chart 2

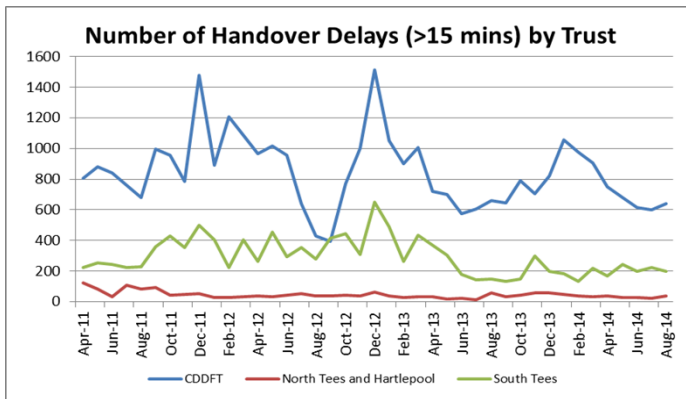


Chart 3

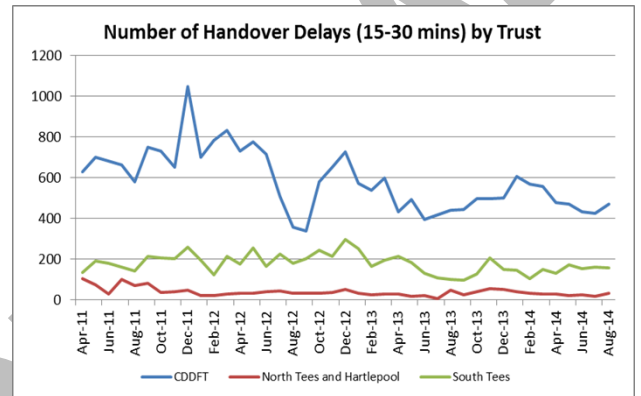


Chart 4

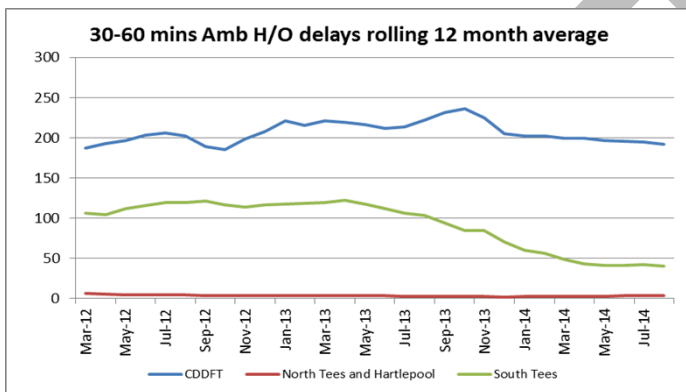
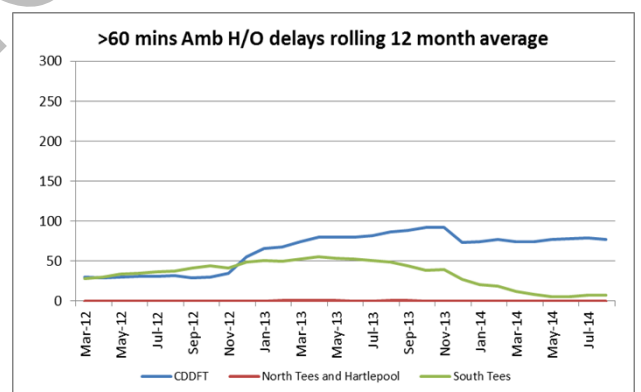
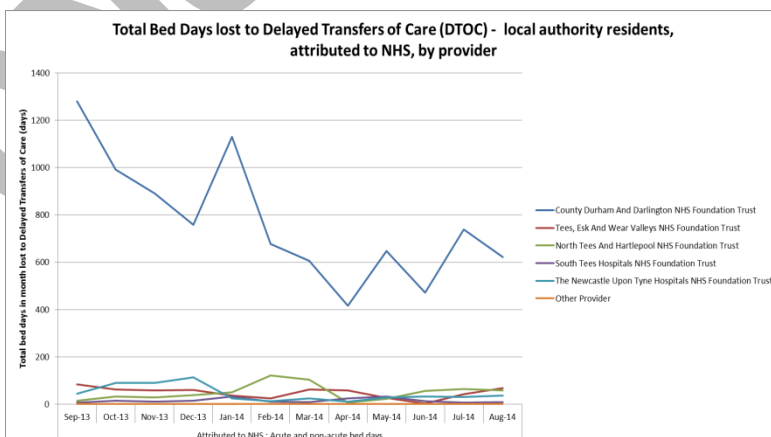


Chart 5

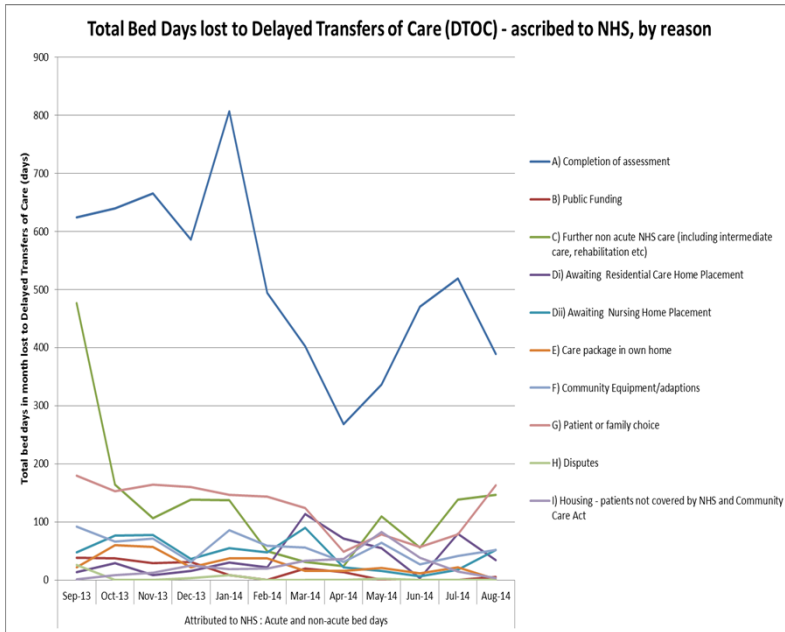


## Delayed Transfers of Care

### County Durham (September 2013 – August 2014)

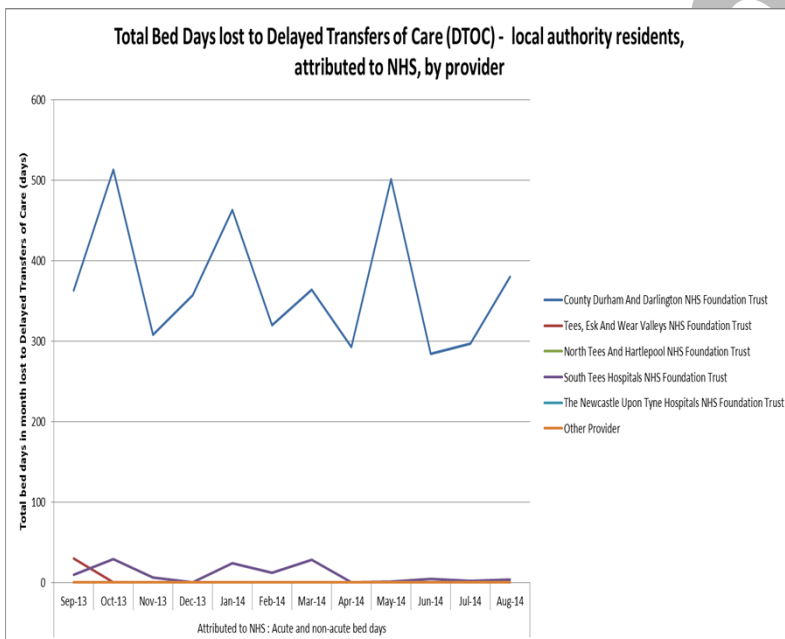


In County Durham, CDDFT stands out from other Trusts as having a high number of delayed transfers of care. The data only includes those where health is responsible for the delay.

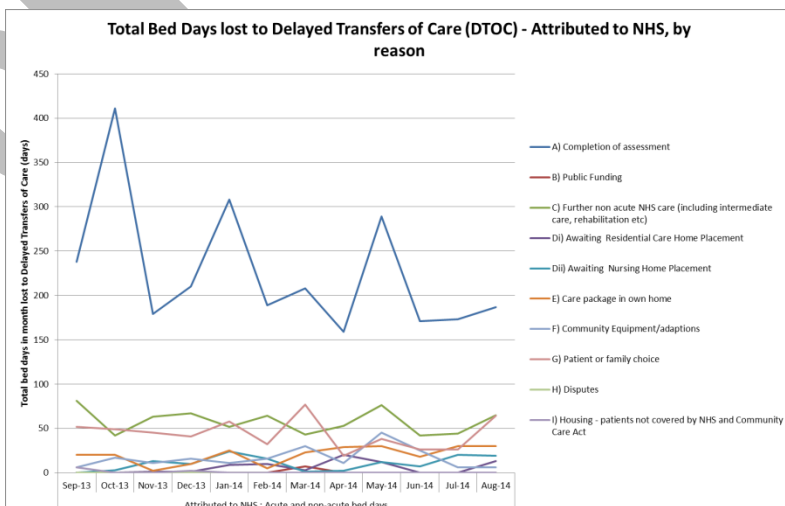


The main reason cited for a delay in discharge is that patients are awaiting completion of an assessment to ensure they receive the right care, in the right place on discharge. Other reasons include patient of family choice, awaiting community bed, for example, Short Term Intervention.

### Darlington (September 2013 – August 2014)



In Darlington, a high level of delayed discharges are again reported by CDDFT, however over the period an erratic but declining trend is occurring.



The main health reason reported for the delayed discharge is patients awaiting completion of assessment.