Adults Wellbeing and Health Overview and Scrutiny Committee

9th October 2015

County Durham and Darlington Urgent Care Strategy 2015-20

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

Purpose of the Report

1. This report informs members of the Health and Wellbeing Overview and Scrutiny Committee about the development of the County Durham and Darlington Urgent Care Strategy 2015-20.

2. Members of Overview and Scrutiny are asked to note that the:
    - strategy will be amended with any errors or omissions noted from the recent round of engagement;
    - final Urgent Care Strategy 2015-20 is scheduled to be approved by the System Resilience Group on 9th October 2015;
    - governance and implementation of the Urgent Care Strategy will be through the System Resilience Group;
    - Urgent Care Strategy 2015-20 is scheduled to go back to the Health and Wellbeing Board for endorsement on 3rd November 2015.

Background

3. The County Durham and Darlington System Resilience Group (SRG), which is a sub group of the Health and Wellbeing Board, has developed the County Durham and Darlington Urgent Care Strategy 2015-20.

4. The SRG has overall responsibility for the capacity planning and operational delivery across the health and social care system for urgent and emergency care. The SRG will be responsible for overseeing the implementation of the Urgent Care Strategy locally.

5. The SRG is chaired by the Chief Clinical Officer from Durham Dales, Easington and Sedgefield Clinical Commissioning Group with representation from North Durham Clinical Commissioning Group, Darlington Clinical Commissioning Group, both Local Authorities and all key stakeholders involved in the delivery of urgent and emergency are across County Durham and Darlington.

6. In Winter 2014/15 SRG members were asked to provide feedback from their organisations, consulting as appropriate, on the initial draft strategy. At this stage the initial draft strategy was also taken to the Health and Wellbeing Board

in January 2015 for consultation. The strategy has since been significantly revised and updated to:

- Incorporate feedback received, including that received from the Health and Wellbeing Board;
- Progress in local and regional urgent and emergency care Developments;
- Learning from Winter 2014/15;
- Recent guidance on implementing the National vision for urgent and emergency care, locally.

7. The strategy attached as Appendix 2 has been shaped by the standards encompassed within NHS England's Planning Guidance, Everyone Counts 2015/16 to 2019/20, key National and local reviews of urgent and emergency care services, NHS England's Five Year Forward View and the recently introduced Eight High Impact Interventions for urgent and emergency care attached at Appendix 3.

National Context

8. The Transforming Urgent and Emergency Care Review[1] proposed a new National vision urgent and emergency care which has now been adopted and is being heavily promoted by NHS England. The National vision has two key aims:

- People with urgent but non-life threatening needs must have a highly responsive, effective and personalised service outside of hospital – as close to home as possible, minimising disruption and inconvenience for patients and their families.
- People with serious or life-threatening emergency needs should be treated in centres with the very best expertise and facilities in order to reduce risk and minimise their chances of survival and recovery.

9. NHS England have recently published further guidance to help local commissioners and providers understand the practical elements of the vision and are providing support to facilitate local implementation. The main elements of the National approach underpinning the aims of the vision are:

- **Self-care** – through more easily accessible information about self-treatment option, pharmacy promotion and better access to NHS 111.
- **Right advice or treatment first time** – through an enhanced NHS 111. service which is easier to access and supported by a range of clinicians.
- **Faster, convenient, enhanced service** – to General Practice, primary and community care services aimed at providing care as close to home as possible and prevention unnecessary admissions to hospital.
- **Identify and designate available services in hospital based emergency centres** - aiming to ensure that urgent and emergency care services work cohesively together as an overall Urgent and

[1] Transforming urgent and emergency care services in England. Urgent and emergency care review end of phase one report *High quality care for all, now and for future generations.* Professor Sir Bruce Keogh, November 2013

Emergency Care Network so that the whole system becomes more than just a sum of its parts.

10. In addition to the above there has been a great deal of learning resulting from the challenges experienced throughout the urgent and emergency care system during Winter 2014/15. Some of the key messages from NHS England have included:
    - Higher patient acuity resulted in longer length of stay especially frail elderly.
    - The impact was earlier and lasted the whole winter and the system struggled with flow through the system including discharge.
    - It was a relatively mild winter with no major flu outbreak which leads to the question could the system have coped under a different scenario.
    - The NHS111 service faced similar unprecedented demand, dealing with 4.6 million calls this winter –which is an increase of one million calls or 27% on last winter. NHS111 call handlers and support reduced unnecessary pressures on A&E and emergency ambulance services by directing people to the right place for their care such as GPs, walk-in centres or pharmacists. Of all the calls triaged, just 11% had ambulances dispatched and 7% were recommended to Accident and Emergency (A&E).

11. With this learning from Winter 2014/15 NHS England developed eight High Impact Interventions for urgent and emergency care that are designed to provide focus for local commissioners and providers on elements of the system which are crucial to be in place to ensure effective patient flow and patient experience within urgent and emergency care services. These eight High Impact Interventions are **must do's**. Local System Resilience Groups are required to provide assurance to NHS England that these high impact interventions are fully met. Any gaps in full achievement will be challenged by NHS England.

12. To support the implementation of the National vision on a regional level the current Urgent Care Network is in the process of being replaced by a new Urgent and Emergency Care Network.

13. These new groups will work across several Clinical Commissioning Group geographical areas, and provide strategic oversight and improve the consistency and quality of urgent and emergency care by addressing together challenges in the urgent and emergency care system that are difficult for single System Resilience Group's to achieve in isolation.

Local Context

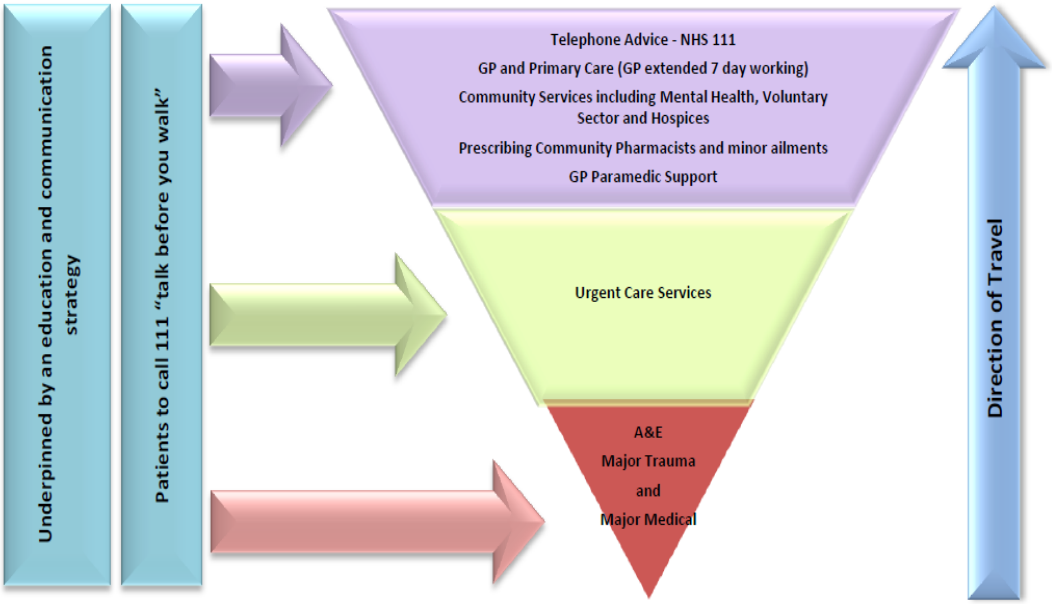
14. In line with the National vision, the local vision for urgent and emergency care that has been developed is:

'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.'

15. This vision incorporates the whole urgent and emergency care system from pharmacies, GP Practices and other primary care services, secondary care community services and acute hospital provision.

16. To implement the vision, the identified actions have been aligned to seven objectives:
    - People are central to designing the right systems and are at the heart of decisions being made.
    - Patients will experience a joined up and integrated approach regardless of the specific services they access.
    - The most vulnerable people will have an a plan to help them manage their condition effectively to avoid the need for urgent and emergency care
    - People will be supported to remain at their usual place of residence wherever possible
    - The public will have access to information and guidance in the event of them needing urgent or emergency care
    - The patient will be seen at the right time, in the right place, by a person with the appropriate skills to manage their needs
    - The patient will not experience any unnecessary delay in receiving the most appropriate care

17. 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.



18. The main focus of the model is the availability of a range of community based services including pharmacy, promotion of self care, NHS 111, GP Paramedic Support, extended primary care joined up with secondary community care services providing a timely and effective service to patients who are quickly and safely directed to access the relevant service to meet their presenting health needs.

19. Those with urgent needs they will be quickly and safely directed to attend an urgent care service and those will serious or life threatening health conditions will be quickly, safely and effectively assessed and treated in an Accident and Emergency Department.

20. The County Durham and Darlington Urgent and Emergency Care Strategy 2015-20 is a high level strategy with each Clinical Commissioning Group responsible for developing implementation plans including appropriate local engagement to deliver on actions they have responsibility for leading on.

21. Implementation of the strategy is focused on a collaborative approach across commissioners and providers, developing an evidence based urgent and emergency care system, with equitable access to high quality, safe and effective urgent and emergency care services at the right time and in the right place, that comfortably achieves the constitutional standards for urgent and emergency care.

22. It is important to note that the urgent and emergency care system locally, is inextricably linked to wider regional provision as acute hospitals provide mutual aid to each other at times or pressure and the North East Ambulance Service being responsible for the co-ordination and response to both emergency and urgent healthcare needs through 999 services and NHS 111 across the region.

23. For this reason the action plan within the strategy identifies both local and regional actions with the regional actions. Local actions will be the responsibility of local commissioners and providers across County Durham and Darlington. SRG members will contribute to the development and delivery of regional actions but overall responsibility will sit with the Urgent and Emergency Care Network for the implementation of these actions across the region to ensure consistent service and effective use of resources.

24. North of England Commissioning Support Unit (NECS) Communications Team have proof read the document any spelling or grammatical errors have been addressed.

25. The final strategy will be agreed at the System Resilience Group meeting on 9th October 2015.

26. The strategy has been developed in conjunction with all relevant commissioners and providers involved in urgent and emergency care services. It incorporates urgent care engagement work that all three Clinical Commissioning Groups across County Durham and Darlington have undertaken.

27. All Clinical Commissioning Groups have shared the final draft with their Patient Reference Groups and other local engagement meetings who have been invited to advise on any errors/omissions and to make suggestions about how best to implement the strategy within each local area and who else needs to be involved.

28. Key feedback recently received include:
    - A keen interest from Patient Reference Groups to be involved in shaping the local implementation of the strategy;
    - A need to prioritise the action plan which is being taken forward by the System Resilience Group;
    - Some frustration from about the strong National steer and therefore 'given's which we must achieve;
    - The need for a patient voice on the System Resilience Group in addition to both County Durham and Darlington Healthwatch Groups – which is now being taken forward.

29. The final draft of the strategy has been approved by all three County Durham and Darlington Clinical Commissioning Group Management Executive and Governing Body's.

30. During the strategy implementation there will be need on occasion to undertake formal public consultation to ensure local involvement in shaping the local implementation of the strategy. In this event relevant System Resilience Group organisations including Clinical Commissioning Groups will be responsible for ensuring due process is followed to enable effective and meaningful engagement and consultation in relation to the implementation of specific strategy actions.

31. Work is being progressed between the System Resilience Group and NECS Communications Team to produce a fully polished version of the strategy which wil be uploaded onto partners websites. A summary version of the strategy will also be developed to accompany the full document to ensure the key messages of the strategy are accessible to all.

Recommendations

32. The Adults Wellbeing and Health Overview and Scrutiny Committee are asked to note that the:
    - strategy will be amended with any errors or omissions noted from the recent round of engagement;
    - final Urgent Care Strategy 2015-20 is scheduled to be approved by the System Resilience Group on 9th October 2015;
    - governance and implementation of the Urgent Care Strategy will be through the System Resilience Group;
    - Urgent Care Strategy 2015-20 is scheduled to go back to the Health and Wellbeing Board for endorsement on 3rd November 2015.

Contact: Anita Porter, Commissioning Manager, North of England Commissioning Support Unit
Tel: 0191 374 2751

Appendix 1: Implications

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

Staffing The strategy action plan will review the use of existing resources and seek to improve efficiency and productivity across the system overall.

Risk There are risks within the current urgent and emergency care system to the consistent and comfortable achievement of the key constitutional standards including breaches of the four hour 95% A&E target and ambulance response times.

This strategy will reduce the risk by implementing a more joined up approach which aims to ensure that patients are treated by the right professional, at the right place, first time.

Equality and Diversity / Public Sector Equality Duty Not applicable

Accommodation Not applicable

Crime and Disorder Not applicable

Human Rights Not applicable

Consultation The strategy has been developed in conjunction with all relevant commissioners and providers involved in urgent and emergency care services. It incorporates urgent care engagement work that all three Clinical Commissioning Groups across County Durham and Darlington have undertaken. During the strategy implementation there will be need on occasion to undertake formal public consultation. In this event relevant organisations will be responsible for ensuring due process is followed to enable effective and meaningful consultation.

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

Disability Issues Not applicable

Legal Implication There may be some legal implications in relation to potential procurements or re-procurements during the life of this strategy. Where appropriate relevant legal or procurement advice will be sought.

APPENDIX 3– Eight High Impact Interventions for Urgent and Emergency Care

No.	High Impact Interventions
1	No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.
2	Calls to the ambulance 999 service and NHS 111 should undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.
3	The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.
4	SRGs should ensure that the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.
5	Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.
6	Rapid Assessment and Treat should be in place, to support patients in A&E and Assessment Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
7	Consultant led morning ward rounds should take place 7 days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.
8	Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.