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Update for HWBB on Urgent Care Redesign

November 2015

The Case for Change (1)

Current Pathway:

- Focused on A and E performance - failing to meet targets
- Inefficient
- Duplication - confusing for local people
- Inequalities in access
- Fragmented - barrier to establishing effective alternatives to A&E/emergency admission

Impact:

- On patients needing Urgent Care
- On patients needing Elective Care

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The Case for Change (2)

The development of an integrated urgent care pathway:

- Improve outcomes for patients
- Is a significant part of the solution to the challenges faced by WVT

Opportunity:

- Existing contracts for some elements of the service will expire in 2016/17

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What We Have Done: Engagement

Extensive engagement to find views:

- Local people
- Local patients
- Clinicians
- Other stakeholders

About:

- Changes needed in local urgent care services
- Outcomes important to people/patients
- Functions needed to achieve the outcomes

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Engagement Findings

More than 540 patient experiences were captured

372.5 hours of co-design work with local communities

A clear mandate for change:

- Focus on community services
- Focus on role of primary care
- Agreed outcomes:
  - To commission against
  - Performance manage *the whole pathway* against

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Patient and Public Developed Urgent Care Outcomes

1: I feel informed and clear about available & appropriate urgent care services

People's experience of care fits expectations of knowing where to go to get help and being seen by someone they trust and are helped to get better in the shortest time. ('Right place, right care, right time')
Patients are supported through care at home or as close to home as possible

2: I feel confident and knowledgeable about managing my condition and prepared to deal with and anticipate future urgent care issues

Patient self reliance through 'how to self care' and where to turn for advice & support
Reduction in patient isolation, the person maintains/develops good social networks in line with their wishes
Carers are included and their support needs recognised
Patients and their carers report they are aware of and engaged in the planning of their care
Slowing the rate of progression of frailty and vulnerability
Enabling people to live confidently, contentedly and feeling safe in their place of choice

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Patient and Public Developed Urgent Care Outcomes

3: I feel reassured and happy as a result of my urgent care experience and known and treated like a person by urgent care services

- Patients report that care is joined up
- People feel that they have had continuity of care wherever possible
- The person's individuality and dignity is respected in treatment and professional care

4: I want to be helped, and when I am in need of care it is safe, effective & efficient

- Reduction in the number of adverse events
- Patient satisfaction improved against benchmarks
- Reduction in inequality
- Public resources are used effectively

5: I want to live independently for as long as possible in my home with the best quality of life wherever possible

- Reduction in avoidable mortality
- Reduction in suicides
- Patients return home to live, in the shortest treatment time wherever possible

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Update on Pathway Redesign (1)

Outcome Based Contracts

Accountable Lead Provider Approach:

- Deliver the clinical model to improve outcomes
- Deliver a contractual solution – aligning financial incentives

System Pressures:

- Supporting WVT through Special Measures
- Emerging NHSE policy framework – Regional Urgent Care Networks

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Update on Pathway Redesign (2)

Different Approach:

- Influence national NSHE policy framework
- Establish local urgent care network – to be renamed!
- Dovetail with Regional Urgent Care Network

Start Delivery

- Refine clinical model
- Focus on implementation of key pathway components

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Refinement of the Clinical Model

Workshops with clinicians:

- Strategic roles
- Front line staff

How do we achieve the patient defined outcomes?

Focus on functions not organisations

Test the output with patients and the public – further engagement!

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Implementation of Key Components (1)

7 Day working in Primary Care:

- Locality based approach
  - Patients/public viewed *own GP practice* as first port of call for urgent care
  - Equitable access
- PMCF pilot extension – service continuity till 31st March 2016
- Working to agree local models with practices
  - Will be "testing" with local patients and the public
  - Both routine and "urgent" primary care

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Implementation of Core Components (2)

Potential Impacts On:
- Minor Injuries Units
- Walk-In Centre

Working this through:
- Capacity analysis:
  - Match provision to need
  - Equitable access
- Sensitivity analysis –impacts on other providers
- Contractual frameworks may limit short term change
- Ongoing engagement - ensure any change mirrors patient voice
- Formal consultation if a significant service change

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Primary Care: Looking to the Future

What do we need from Primary Care?

- Currently co-commissioners of primary care – national move to full delegation
- Patient and Public Engagement programme
- All ages
- How can primary care support Herefordshire residents to:
  - Live independently
  - Manage their own health and wellbeing
  - Improve health outcomes
- We need to know what to commission!

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Community Services

Community Teams:

- DNs, physios, OT
- Ongoing programme of work:
  - Realign around GP practice populations
  - Integrate *functions* with Mental Health and Adult Social Care

Intermediate Care and Community Beds:

- Community Hospitals
- Intermediate Care Beds
- Reablement Beds
- RAAC beds

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Intermediate Care and Community Beds (1)

Herefordshire Transformation Programme

Critical component of Urgent Care Pathway

We need to know how they can:
- Maximise independence and self-management
- Help reduce emergency admissions
- Facilitate timely hospital discharge

Planning extensive engagement to find views:
- Local people
- Local patients
- Clinicians and front line staff
- Other stakeholders

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Intermediate Care and Community Beds (2)

We will:
- Capture views of staff and clinicians
- Test ideas generated by staff and clinicians with patients and carers

Co-production of “options for change”
- “Do nothing” WILL be an option

Formal evaluation of options

Formal consultation if service change is preferred option

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In Conclusion

Urgent Care is a Continuum:

- Self care
- Primary care
- Community Services
- Secondary Care

Much to be Done

A lot of engagement to date - more to be done

Formal consultation when appropriate

QUESTIONS?