

# Urgent Care

## Health and WellBeing Board February 2016



# Herefordshire Urgent Care: The Process

- Patient/public engagement
- Clinical engagement
- Emerging clinical model – Public Governing Body December
- **WHERE WE ARE: Stakeholder engagement – refine model**
- NHS England Assurance Process – including external review
- Full public consultation
- Findings used to further refine model
- CCG Governing Body Decision

# Herefordshire Urgent Care

Population 184,900

24 GP Practices

1 Local Authority

1 Mental Health Trust

1 Integrated Acute/Community Provider

1 A&E incl Ambulatory Care Unit

1 GP Federation with 3 “Hubs”

1 WIC

4 MIUs



# The Case for Change: Local Challenges

## Rising Demand

- Demographic Change
- Rising Expectations

## Stretched Delivery System

- Workforce Constraints
- Poor Performance (4 Hour Target)

## Service Duplication

- Confusing Access Points
- Fragmented Resources
- Limited Local Resilience
- System Inefficiency



# The Case for Change: Local Opportunities

## PMAF Pilot Site

- Additional Capacity
- Mobilised Workforce
- IG/IT Solutions – Information Sharing

## Contractual Opportunities

- Contract Expiry: GP OOHrs and WIC
- Regional procurement NHS 111/GP OOHrs

## Timing

- Local Appetite for Change
- NHSE Standards for Integrated Care
- NHSE: Innovative Commissioning



# Urgent Care: Local Voices

## Public

- Primary Care as the first port of call
- Keep A & E for accidents and emergencies
- Information Sharing – I need to “feel known”
- Integration with usual care
- Enable self management of LTCs

## Clinicians

- GP access to diagnostics – In and OOHrs
- GP OOHrs as a continuum of care
- Senior clinical decision makers early in the pathway – irrespective of access point
- Single front door, integrated with usual (GP) care
- Something to discharge to....

# Herefordshire Outcomes

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

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

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

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

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

# Urgent Care System - Proposed

'I need help, urgently!'

'Where should I go?'

'Talk before you walk' NHS 111

1) Emergencies directed to A&E

3) Everything else

2) Advice & signpost to self care

Clinical assessment by a professional who has access to your records

A&E

Mental Health Crisis Line

Social Care Crisis Line

GP

Diagnostics appointment

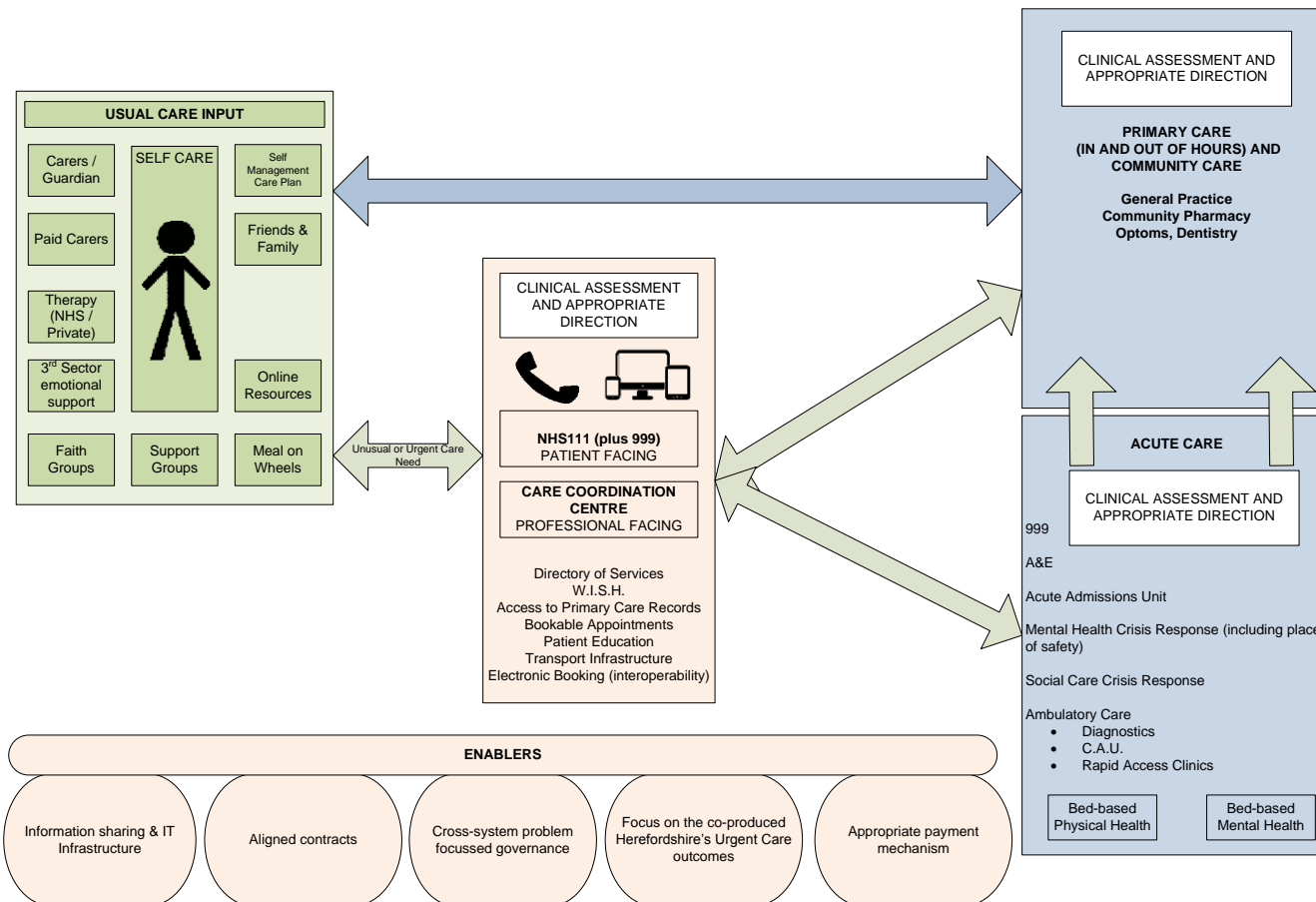
Pharmacy





# Emerging Clinical Model

FIG 1. HEREFORDSHIRE URGENT CARE PATHWAY WITH CLINICAL ASSESSMENT AND APPROPRIATE DIRECTION



# Emerging Clinical Model – Key Points

- Primary and community services central to the pathway
- Integrated support for people with both mental and physical health problems
- Information Technology - access to patient records across providers
- Changing clinician-patient interaction – to make self management central to delivery of care
- *Clinical* assessment and direction to the most appropriate service across whole pathway – a “virtual” single point of access

# Emerging Clinical Model – Key Points

- Primary care:
  - As the first port of call for urgent care
  - Redirection to primary care through clinical assessment
  - Bookable appointments at primary care settings
- 7 day services in primary care:
  - 8am to 8pm Monday to Friday
  - 9am to 1pm on Saturday and Sunday
  - A combination of bookable and on the day appointments
- GP OOHrs acts as a continuum of in-hours care – not just a “holding function”

# Delivery of HWBB Strategy

## HWBeing Strategy

Sustainable services

People make informed decisions about what they need to do to remain healthy. People are responsible for their own health and wellbeing

Provision of care as close to home as possible

Working together – to deliver the right service, at the right place and time.

Easy access to acute hospital services when needed



## Urgent Care Pathway

Removing service duplication to increase local resilience

Supportive self management

Primary care – as the first port of call for urgent care

Clinical assessment and direction – to the most appropriate service first time

A & E for accidents and emergencies

## NEXT STEPS

- National clarity on 7 day primary care
- Ongoing stakeholder feedback - refine model
- Clinical Senate Review
- NHS England Assurance process
- Full Public Consultation
- Findings used to refine model
- Governing Body Decision



# QUESTIONS?

