Urgent and Emergency Care

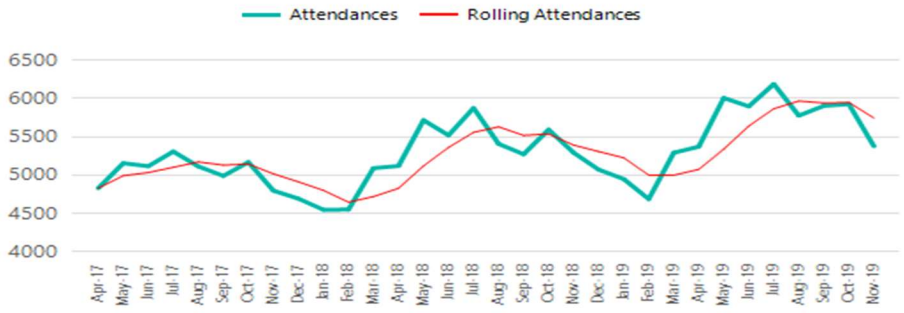
1. INTRODUCTION

1.1 This paper provides a summary of the local initiatives in Herefordshire that contribute to the emergency and urgent care system. Emergency and urgent care is most commonly associated with Accident and Emergency Departments. It is more complex than the demand occurring in one service, as the system involves several services being able to respond quickly to people's ill-health. This includes primary care services, social care, pharmacies, dentists, eye health care, mental health services, NHS 111, ambulance, and minor injury units.

1.2 The paper confirms the local system arrangements, through the A&E Delivery Board and provides information on performance. As an area that experiences surge demand, business continuity and escalation plans are common operational practice as the information on Winter planning illustrates (see section 8 and 11).

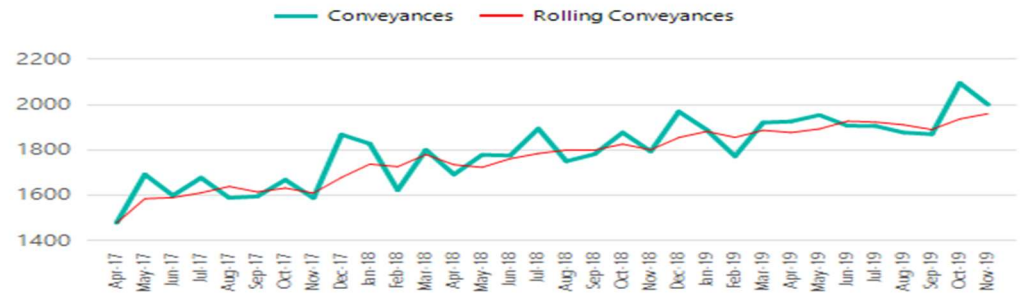
1.3 In 2018/19, 63,829 people attended Hereford Accident & Emergency Department at the County Hospital. Illustration A shows the monthly attendances and rolling attendances since April 2017.

Illustration A: A&E Attendances at Wye Valley NHS Trust April 2017 to November 2019



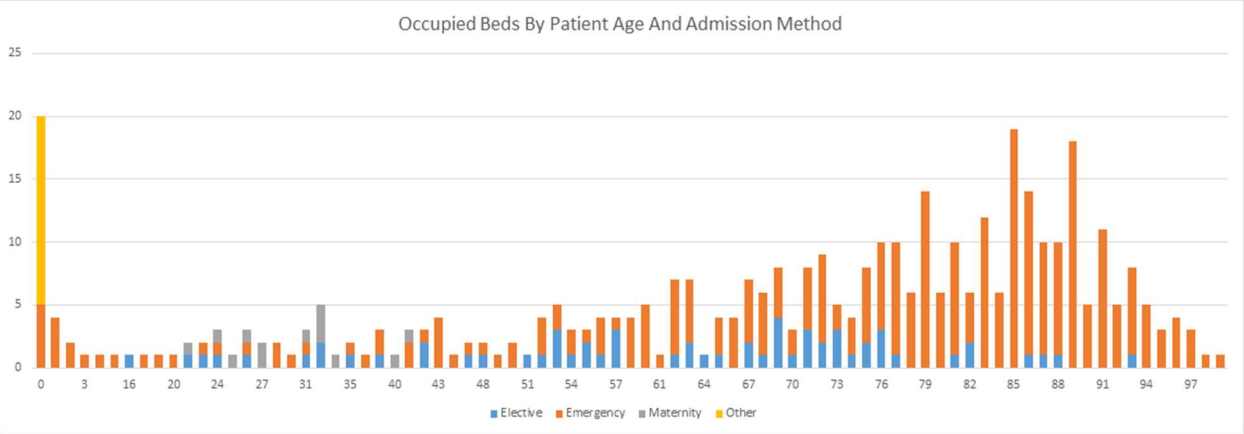
1.4 The impact of people needing urgent or emergency care are felt across the system. Local ambulance conveyance information show that the number of patients transported by ambulance is increasing.

Illustration B: Ambulance conveyances to Wye Valley NHS Trust April 2017 to November 2019



1.5 National statistics suggest that 1 in 5 people that attend A&E are admitted to hospital. Others receive treatment (with no further follow-up), receive advice, or a referral to other services. Two-thirds of all hospital admissions are for emergencies, challenging availability of hospital beds and require responsive community services to plan effective discharges. Illustration C shows the age range of patients from Quarter 1 of 2019/20 at Hereford County Hospital. This shows that most occupied beds are for emergency care.

Illustration C: Age Profile of Patients in Hospital Acute Beds Quarter 1 2019/20



2. DEFINITIONS

2.1 Emergency is a life-threatening illnesses or accidents which require immediate, intensive treatment, such as an ambulance or Accident and Emergency Department.

2.2 Urgent is an illness or injury that requires urgent attention but is not life threatening, e.g. NHS 111, pharmacy or GP appointment.

2.3 Minor injury unit (MIU) is an assessment and treatment centre led by specially trained nurses, such as emergency nurse practitioners. MIUs are designed to manage less serious injuries than those that would ordinarily be treated in an accident and emergency department. The range of presenting complaints that an MIU can manage is usually dictated by the competency of the staff and the level of access to diagnostics, e.g. x-rays.

3. NATIONAL HEALTH SERVICE LONG-TERM PLAN

3.1 The NHS Long term plan set out some national expectations in relation to emergency and urgent care:

- To provide a 24/7 urgent care service via NHS 111 for medical advice, GP in and out of hours appointments, community services, hospitals and ambulance.
- Implement same day emergency care – with rapid assessment, diagnosis, treatment and discharge on the same day if clinically appropriate.
- Reduce the length of stay for people in hospital longer than 21 days, providing care in the most appropriate place.
- Develop an integrated primary care and community responsive service to prevent emergencies.

3.2 Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) response to the national long-term plan is documented in a five-year plan. Within this plan, it is recognised that urgent and

emergency care is a top priority. The plan outlines the transformation expected. A summary is presented in the table below:

Table 1: Herefordshire and Worcestershire Long Term Plan – Urgent and Emergency Care

Our system commitment:	We will deliver:
To adopt a whole system approach to prevention including smoking cessation, reducing obesity, alcohol and mental wellbeing	Reduction in prevalence of avoidable conditions and improved equity in outcomes across the population
Reduced health inequalities in our urgent care pathway	Targeted interventions in those at risk of deterioration - including high incidence of smoking related conditions in people from deprived communities
To deliver an Integrated Urgent Care System (IUCS) pathway	Increased GP appointments booked via NHS111 and reduced A&E attendances A single point of access/care co-ordination hub for integrated urgent care services (Clinical assessment services)
To provide high quality urgent care services	A review of our urgent care services against new national standards
Providing a timely clinical frailty assessment for all patients accessing UEC services	Front door frailty units as part of an end to end frailty pathway, with reduction in the time from referral to frailty assessment
Reduced avoidable ambulance conveyances to A&E	Anticipatory care through Primary Care Networks Increased use of intelligent conveyancing by delivering alternative pathways and ensuring shared care records across care settings
Reduced waiting times at A&E and ensuring that no one is waiting more than 15 minutes for ambulance handover at A&E	Timely assessment and improved patient flow through A&E Improved patient experience – improving access and inequalities in access to care
Ensuring that patients admitted via A&E are admitted to the appropriate point of care in a timely manner receiving a dignified pathway through emergency departments	Elimination of 12 hours trolley breaches Reduction and elimination of corridor care
Delivery of 7day services by Acute Trusts	Eradicating unnecessary patient delays in specialist areas
Increase in the number of acute admissions discharged on the same day	Increased proportion of SDEC from 1/5 to 1/3
Ensuring that patients are discharged from in-patient hospital services in a timely manner Adopting a home first mentality for all patients	Timely assessment, decision making and treatment of patients with care plans within 14 hours of admission Reduction in the number of Delayed Transfers of Care Reducing the length of stay for patients who have been in hospital for over 21 days Increasing proportion of patients returning to their normal place of residence - reducing inequalities in outcomes
A skilled workforce with the capacity to deliver	Workforce redesign and recruitment across care settings and organisations

4. GOVERNANCE ARRANGEMENTS

4.1. The Herefordshire Accident and Emergency Delivery Board (A&E Delivery Board) is committed to ensuring that services to patients remain accessible, safe and of a high quality. Made up of local organisations involved in urgent care, the A&E Delivery Board has been established in response to NHSE/ADASS/NHSI Letter 260716 which requires local A&E Delivery Boards. The letter sets out the scope, geography, leadership, accountability and responsibility arrangements and core responsibilities of Local A&E Delivery Boards from 1 September 2016.

4.2 The A&E Delivery Board meets on a bi-monthly basis and is chaired by the Managing Director, Wye Valley NHS Trust. Membership includes:

- Wye Valley NHS Trust
- NHS Herefordshire Clinical Commissioning Group
- Taurus GP Federation
- Herefordshire Council
- West Midlands Ambulance Service
- Gloucestershire Health and Care NHS Foundation Trust
- NHS England and NHS Improvement
- Healthwatch Herefordshire

4.3 The Herefordshire system forms part of the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP). As part of the STP, representatives from both counties work closely to develop sustainable clinical services and continue to review opportunities for improvement through closer working and shared learning.

4.4 The A&E Delivery Board is responsible for the delivery of the One Herefordshire Urgent Care Programme. Local organisations participate in the Urgent Care Programme Group to coordinate the transformation.

5. HEREFORDSHIRE EMERGENCY AND URGENT CARE INITIATIVES

5.1 SAME DAY EMERGENCY CARE

5.1.1 Same day emergency care can take place in acute medical, surgical, paediatric and frailty care. Usually for common conditions like headaches, diabetes and cellulitis and common care pathways that can assess, diagnosis and treat in a day, referred by A&E, GPs, ambulance and NHS 111. The principle is to assess to admit.

5.1.2 The Urgent Care Programme has several projects dedicated to evolving same day emergency care delivered at Herefordshire County Hospital. The improvements have led to:

- Surgical Assessment Area - a six trolley space physical extension to the existing Clinical Assessment Unit, where surgical patients can be assessed and treated, preventing emergency hospital admissions and reducing surgical length of stay;

- Ambulatory Emergency Care – improved pathways for those with conditions that can be treated on the same day in order to reduce hospital admissions and length of stay;
- Gynaecology Assessment Area – a dedicated assessment area within the Women's Health Unit that has been shown to reduce patient length of stay in hospital.
- Frailty assessment unit – a dedicated assessment area and team

The benefit of this approach is 30% of emergency medical intake can be managed on a same day basis. The improvements will reduce unnecessary admissions, improve patient experience and a lower risk of infections or hospital acquired functional decline.

5.2 COUNTYWIDE FRAILTY SERVICE

5.2.1 A countywide frailty care pathway is currently being developed involving primary care, community services and hospital services. As part of this, the acute frailty service has been developed within the hospital, focusing on the delivery of the front-door frailty team.

5.2.2 The front door frailty team is a multi-disciplinary team that assesses frail patients in A&E Department and starts comprehensive geriatric assessment that leads to discharge (supported if required) or shorter length of stay through the geriatric assessment unit or geriatric ward. Follow-up telephone calls are made to discharged patients.

5.2.3 Performance shows that the Team demonstrate a daily reduction of three admissions per day and a reduction in length of stay for patients admitted via the Older Peoples' Unit.

5.3 SAME DAY PRIMARY CARE

5.3.1 Herefordshire has 7day access to primary care through the "hubs" provided by Taurus Healthcare Limited. A review of this provision has led to changes in opening hours at the weekend to reflect demand. This compliment the in-hours primary care provision in the county, broadening access to weekends, bank holidays and evenings. Direct booking is available by NHS 111. There is now better direct access (GP streaming) from A&E department to GP Out-of-hours provision through better joint working and co-location on the County Hospital site.

5.3.2 This includes the development of GP practices working in localities through the Primary Care Networks, increasing the integration of primary and community care teams.

5.3.2 The new model of care in community settings aims to ensure that GP practices are supported to manage the most vulnerable patients at home through the alignment of resources and shared approaches to risk stratification and case management.

5.4 PATIENT FLOW AND DISCHARGE

5.4.1 Improvements to patient flow can have an impact on patient care, either by reducing admissions or accelerating the time to make decisions to admit, transfer or discharge. A range of initiatives are being implemented under the banner of valuing patients time – through an initiative called the #wyevalleyway.

5.4.2 The Hospital has been working with Herefordshire Council and other local authorities to improve discharge planning. This will help with efficiency of timing, destination of discharge and availability of services. The schemes in place are:

- Red2Green rollout at the County Hospital, Community hospitals and mental health inpatient unit.

- Complex Discharge Management coordination between Herefordshire Council and Wye Valley NHS Trust, with in-reach into all acute and community settings to support discharge.
- Redesign of CHC pathways to reduce delay
- Rollout and embedding of Discharge to Assess care pathways
- Introduction of Trusted Assessor model in 2019.

5.5 MINOR INJURY UNITS

5.5.1 NHS Herefordshire Clinical Commissioning Group commissions minor injury units (MIUs) from:

- Wye Valley Trust, provided at Ross-on-Wye and Leominster
- Shaw Healthcare provided at Ledbury

Table 2 shows the number of MIU attendances between September 2017 and August 2018. This equates to on average 74 patients per week, 15 per day and 1.6 per hour.

Table 2: Total Attendances at Minor Injury Units September 2017 – August 2018

Ledbury MIU	n/a
Leominster MIU	1,930
Ross MIU	1,968
Total	**3,898**

5.5.2 The MIU opening hours are:

Ross on Wye	Leominster	Ledbury
08.30 – 17.30 Monday to Friday (exclude bank holidays)	08.30 – 17.30 Monday to Friday (exclude bank holidays)	24 hours Monday to Sunday

The MIU opening hours largely mirror that of primary care. The Wye Valley NHS Trust units are not open out-of-hours and at weekends.

5.5.3 X-ray services are available in Leominster and Ross-on-Wye during the following days and hours:

- Leominster – Afternoons on a Monday, Wednesday and Friday; and Mornings on a Wednesday.
- Ross-on-Wye – Mornings on a Monday and Friday; Afternoons on a Thursday and all day on a Tuesday.

Access to diagnostics such as x-ray is limited. If an x-ray is required to support a diagnosis when the facility is not available, the patient is either transferred to the County Hospital or asked to return when x-ray is open. Choice of option is usually dependent upon the severity of the presenting compliant.

5.5.4 Between September 2017 and August 2018, the number of patients who were required to return for an x-ray following an MIU attendance because the service was not available is shown in Table 3. This is an average of 5 patients per week who return for an x-ray.

Table 3: Number of patients required to return for an x-ray by day of the week of their attendance.

Return to MIU	Mon	Tue	Wed	Thurs	Fri	Total
Leominster	43	29	31	7	21	131
Ross	35	10	39	31	12	127
Total	78	39	70	38	33	**258**

5.5.5 Between November 2017 and February 2018; and December 2018 and April 2019 the minor injury units were temporarily closed. This was a planned closure over the winter period in response to staffing challenges across the minor injury units and the Accident and Emergency at the Wye Valley NHS Trust. System leaders agreed to concentrate staffing skills and capacity on the acute site to enhance clinical safety and wider benefits to the urgent care system. There were no adverse clinical issues reported as a result. Concentrating the skills and expertise in one central place over the winter period supported clinical safety, particularly at a time of the year when the requirement for a minor injury unit is likely to be less and acuity in A&E higher.

5.5.6 In November 2019, the Leominster and Ross minor injury units temporary closed to support winter pressures. With 135 to 230 people attending A&E Department each day (in December 2019), the experienced nurses could see more people per hour, leading to timely review and an improvement in the patient's experience. This would ensure the needs of the Herefordshire and Powys population were delivered equitably for all patients.

5.5.7 The activity information suggests that there is limited impact upon A&E performance and attendances. This might be attributable to:

- 10.6% (n= 412) were return attendees (therefore this was not new activity)
- 6.4% (=248) were transferred to Hereford A&E (and therefore went through A&E)
- 6.6% (n = 258) returned for an x-ray (and therefore was not new activity)
- 0.4% (n=17 did not wait)
- Total: 24% (n=935)

5.5.8 If the above were excluded from the MIU attendances, then it is possible that 2,963 patients could have attended A&E between September 2017 and August 2018. Using averages this would equate to an additional of 57 people per week, 11 people per day and 1 person per hour. Based on the information available it is assumed that most patients seen in an MIU would be seen through the A&E minors' stream, except for the 6.4% that were transferred from an MIU to A&E.

5.5.9 Whilst the potential of an additional 11 patients a day Monday to Friday is not insignificant on an A&E department the low number is probably the reason why when the temporary closures occurred no significant impact was observed. There is limited national evidence to suggest that a MIU or any other similar centres closure has a significant impact upon A&E. There is more evidence to suggest it may impact primary care and/ or increase health inequality (Monitor 2014).

5.5.10 The three Herefordshire MIUs are geographically not that far from A&E, i.e. Ledbury 15 miles, Ross 16 miles and Leominster 13 miles. Postcodes from people attending MIU show that the majority live near to the MIU. During temporary closures, the attendances to Hereford A&E Department from the HR9 and HR6 postcode remain consistent with usual activity therefore there was no increase when the MIUs were closed. It is accepted that public transport from rural areas may make the distance to A&E problematic. This could impact on a higher incidence of ambulance calls outs.

5.6 ACUTE BED CAPACITY

5.6.1 As part of the review of the inpatient acute capacity at Wye Valley NHS Trust, an additional 24-bedded ward opened in December 2018. This is part of an 'Emergency Floor', located alongside the Emergency Department and the Clinical Assessment Unit (CAU), where the Ambulatory Emergency Care service is provided. The ward will be managed as part of the Urgent and Emergency Care Directorate within the Medical Division and focus on short stay acute medical patients.

5.6.2 In 2018, one existing ward (Frome ward) was reconfigured to meet the needs of respiratory patients (31 beds) as they are the largest group of adult emergency admissions.

5.7 COMMUNITY SERVICES TRANSFORMATION PROGRAMME

5.7.1 Our Integrated Care Alliance of provider organisations (Wye Valley NHS Trust, Taurus GP Federation and Gloucestershire Health and Care NHS Foundation Trust) is working closely with the Herefordshire Council Adult Social Care team to implement our future model of community care: "Living Well at Home".

5.7.2 The coordination and collaboration has resulted in Home First provision, a partnership between Herefordshire Council and Wye Valley NHS Trust. Over 60 Home First staff in post, supporting people to return home after a hospital admission and an offer of 'Well-Being' visits for recently discharged patients at high risk of re-admission.

5.7.3 The Herefordshire Better Care Fund and integrated Better Care Fund (funding programme between local authorities and NHS) is investing in schemes to support improvements in the discharge pathway. The funds have been used to invest in a 50% increase in Home First capacity.

5.7.4 Ensuring that care homes and domiciliary care capacity is available to support people is recognised as a key enabler. Utilisation of Home First in geographical areas where packages of care are historically problematic is aimed at overcoming delays.

5.7.5 The programme of work recognises that keeping people well is a better clinical outcome than responding to people's needs in crisis. In 2018, One Herefordshire system commenced a programme of making improvements in how local services respond to people living with frailty. One of the key elements of this work has been adopting the 'Rockwood' tool to consistency measure frailty in the same way, across services and settings.

5.8 MENTAL HEALTH

5.8.1 Crisis Resolution and Home Treatment Team is in place and will continue to support admission avoidance through the provision of home treatment for those acutely unwell who would otherwise require hospital admission, the team 'gate-keeps' to ensure appropriateness of inpatient admissions, and facilitates early supported discharge.

5.8.2 In 2019, the staffing levels for the Crisis Resolution and Home Treatment Service were reviewed and an additional two posts will ensure that the service meets the national fidelity levels of staffing. Recruitment is underway.

5.8.3 A refurbished S136 Suite with increased capacity is in place to serve the county.

5.8.4 The Mental Health Liaison Service is available in Accident and Emergency Department and the wards across the acute and community hospital sites.

5.8.5 There is a separate duty team for children and young people experiencing mental health distress. This provides 7 day a week access to urgent assessments for young people presenting to Accident and Emergency department.

5.8.6 Herefordshire Mind has been commissioned by NHS Herefordshire CCG to provide a safe haven café from 2020. This café will be an alternative place to receive support.

5.9 NHS111

5.9.1 People can now access urgent care advice via telephone or online from NHS 111. This is available 24 hours, seven days a week. The service can provide advice on where to go for assistance, self-care advice and book a face to face appointment with local GP services.

5.10 AMBULANCE

5.10.1 West Mercia Ambulance Service has reviewed its responsiveness to demand for its services. By introducing 'Strategic Capacity Cell' in 2019, the service will be able to deploy response to emergency and urgent care systems more effectively.

5.10.2 From November 2019, the Ambulance service took over the running of the NHS 111 clinical assessment service. The ambulance service will be able to make a direct GP booking resulting from a call (111 or 999) and on scene.

5.10.3 To support the ambulance service to be aware of local community services, a directory of services has been reviewed by the Urgent Care Programme Board.

5.11 FALLS RESPONSE SERVICE

5.11.1 The Herefordshire system continues to provide a 24/7 response to people who fall in their usual place of residence, including care homes, to prevent the need for conveyance and admission.

5.11.2 Additional direct telephone referrals will be accepted from ambulance crews.

5.12 CARE HOME SUPPORT PROGRAMME

5.12.1 Herefordshire CCG and Herefordshire Council are coordinating a programme of training and support to Care Homes to ensure that they are able to provide high quality care that reduces the need for conveyance and admission in key areas of risk, in particular: end of life care, hydration, pressure management, infection control, falls.

5.12.2 The information on admissions suggests that admissions from care homes are low in the county.

5.13 ENHANCED END OF LIFE CARE PROVISION

5.13.1 Hospice at Home and specialist palliative care provide a coordinated 24/7 response to support people in their own homes, preventing the need for conveyance and admission.

5.13.2 The Hospice is working with Wye Valley NHS Trust, to provide a more integrated service. To date the operational teams have developed the integrated model of care and a mobilisation task group has been established, the development of and workforce capacity for a coordination hub has also been identified. Processes to manage telephone triage and rapid response are under development. Community EMIS and data sharing went live in November 2019. Further work is required to align Fast Track services with the new integrated model and this work is being led by the CCG.

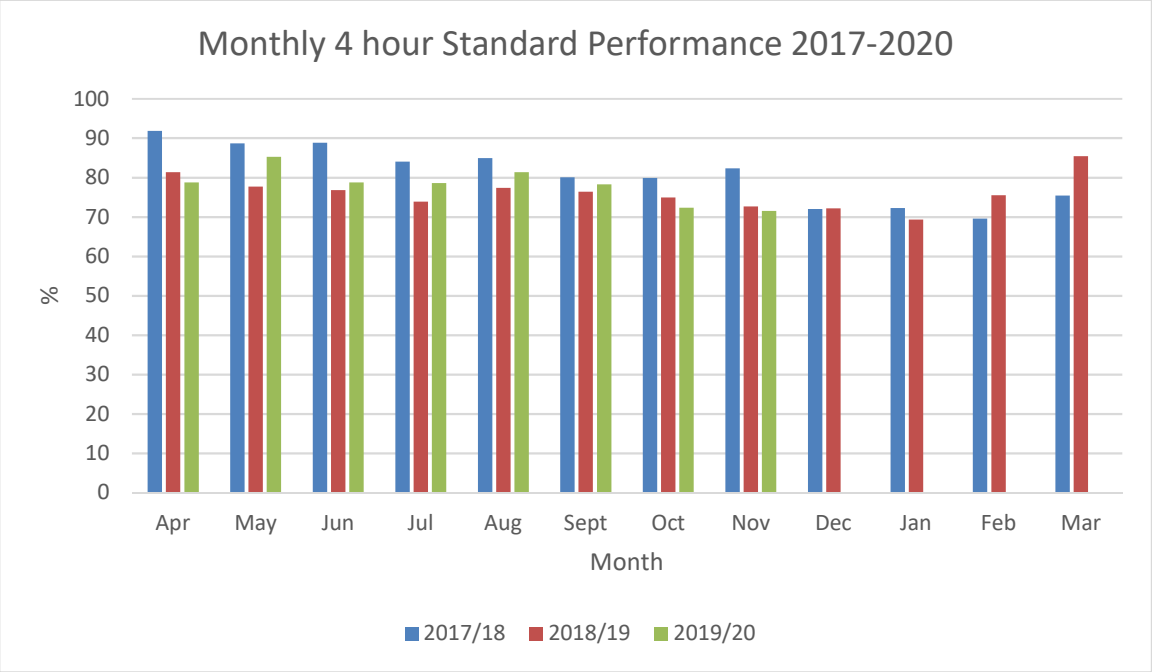
5.13.3 In 2020, local grouping of GP surgeries, known as Primary Care Networks, will be improving their approach to anticipatory care planning. This is further to the existing work, as local organisations have adopted 'Respect' documentation to help ensure that people's wishes are communicated to services.

6. FOUR HOUR WAITING STANDARD

6.1 The four-hour waiting standard was introduced in 2000. However, care has evolved since the standard's introduction, with some patients receiving investigation and treatment in the same day rather than an overnight admission.

6.2 The current national standard is 95% of all patients attending Accident and Emergency Department to spend no more than four hours before being admitted to hospital, discharged or transferred. Since April 2017 to November 2019, the best performance was 91.79% (April 2017) and the worst was 69.31% (January 2019).

Illustration D: Monthly 4 Hour Standard Performance 2017-2020



6.3 The standard is currently under review. Only a minority of major A&E departments meet the national waiting times. In November 2019, only one Trust achieved it.

6.4 The MIUs contribute to delivery of the national 4hour performance standard. On average performance at MIUs contributes to 2% of the total each month. Table 4 below shows performance for 2018/19 and the impact MIUs had on performance. The shaded areas denotes when the MIUs were closed. Except for January 2019, there was no significant reduction in A&E performance when the MIUs were closed.

Table 4: 4Hour Standard Performance by type of Urgent and Emergency Care setting 2018/19

Month 2018/19	Hereford County Hospital 4 hr performance	MIUs 4hr performance	Combined performance	% impact of the MIU's
April	80.07%	100%	81.32%	1.25%
May	75.75%	100%	77.71%	1.95%
June	74.71%	100%	76.73%	2.02%
July	71.55%	100%	76.40%	2.30%
August	75.54%	100%	77.35%	1.81%
September	74.68%	100%	76.40%	1.72%
October	72.77%	100%	74.94%	2.16%
November	70.78%	100%	72.69%	1.91%

December	72.19%	-	72.19%	0
January	69.31%	-	69.31%	0
February	75.35%	-	75.35%	0
March	85.06%	-	85.06%	0

7. OTHER STANDARDS

7.1 Same day emergency care provision should be available 12 hours per day, 7 days per week by end of March 2020. This is in place at Hereford Hospital.

7.2 Acute frailty service should be available 70 hours a week, with a clinical frailty assessment within 30 minutes of arrival. This is in place at Hereford Hospital.

7.3 There should be zero people waiting in excess of 12 hours from a decision to admit to hospital. The performance at Hereford County Hospital shows a small number of breaches since April 2017 to November 2019. A root cause analysis is completed on each breach.

Table 5: Total number of 12hour breaches per Quarter from Quarter 1 2017/18 to Quarter 3 2019/20

2017/18				2018/19				2019/20		
0	0	0	3	1	1	3	6	3	0	1
Qrt1	Qrt2	Qrt3	Qrt4	Qrt1	Qrt2	Qrt3	Qrt4	Qrt1	Qrt2	Qrt3

7.4 Appendix 1 contains the activity against the above standards and other key performance indicators for 2019/20. This information is presented to A&E Delivery Board every month.

8. AN OVERVIEW OF THE WINTER PLANNING PROCESS FOR 2019/20

8.1 A winter plan is developed and implemented for the period of 1st December 2019 to 31st March 2020. The purpose of this planning is to ensure:

- The Health and Care system is resilient throughout the winter period and provides safe and effective care for the local population
- Capacity is available to meet likely demands over winter
- Direction of patients/clients to most appropriate setting
- Safe and effective transfer of patients/clients within the system

8.2 Planning for winter 2019/20 commenced in April 2019 with a dedicated Winter Review workshop, followed by a second workshop in September and a full update presented to the A&E Delivery Board in October 2019.

8.3 Key principles of the winter plan:

- Patients are being treated safely in the right place

- The system is committed to ensuring that services to patients remain accessible, safe and of a high quality
- Where appropriate, and available, seven-day working is in place
- The partner organisations in the Herefordshire Health and Care system works collaboratively to avoid points of crisis, and balance risk and escalation across the system in the interests of patient safety
- Effective system-wide communication
- Learning from winter 2018/19 has been considered in the development of initiatives and governance arrangements

8.4 The plan covers the following key areas:

- Wider Health and Social Care System preparation
- Primary and Community Care
- Attendance and Admissions avoidance
- Front door streaming – including Ambulatory Emergency Care and other specialist assessment services
- System-wide patient flow
- Hospital discharge

8.5 In developing the plan, the following key questions have been considered, to maximise the resilience of the Health and Care system:

- What additional type and volume of activity is expected over and above previous levels?
- What services are required to meet this additional demand?
- What additional capacity is going to be available to meet the additional demand?
- What other actions are being taken to ensure the Health and Care system can provide safe and timely care throughout the winter period?
- What are the key risks and contingencies?
- How will we measure the effectiveness of this winter plan throughout the period?

8.6 The A&E Delivery Board has reviewed provider plans for the Christmas and New Year period to ensure core services will be available throughout this period. System management arrangements [section 12] will be enhanced in the period leading up to, during, and immediately following Christmas and New Year, to ensure system resilience throughout this key period, recognising the national and local experience over the last few years.

8.7 Whilst the winter months bring additional risks to our system, such as increased incidence of flu and norovirus, poor weather conditions and colder temperatures, and the extended holiday period over Christmas and New Year, many of the pressures that arise in the system from these challenges are present throughout the year. For example, peaks in demand.

9. FLU IMMUNISATION PROGRAMME

9.1 In Herefordshire, there is a coordinated approach to flu immunisation programme, to ensure that the flu campaign is delivered effectively and in line with national expectations and guidance.

9.2 Flu vaccinations have been made available and promoted to staff across partner organisations.

9.3 A dedicated communication plan for the Flu campaign has been launched including:

- Staff awareness of key flu messages

- How to access vaccinations – public and staff
- Promotion of flu toolkit across organisations
- Promotion of vaccinations for pregnant women, children and other vulnerable patient groups.

10. COMMUNICATIONS AND ENGAGEMENT

10.1 The Herefordshire system has an established system-wide communications group and agreements are in place to ensure that organisational leads align communications plans regarding emergency and urgent care. This includes national campaigns such as flu immunisation take-up.

10.2 The engagement of Herefordshire patients and the public on urgent care has been building since 2013. This started with the Experience Led Design engagement held in September to December 2013, with a total of seven events in market towns. The feedback from the public was:

- The rural communities sent a strong message that they are used to coping and wanted to be involved in building solutions. It will be important that the assets and enthusiasm of rural communities is harnessed by the urgent care service providers; and that they think about transport systems and telemedicine as part of the solution to increase access.
- Confusion over where to go and who to see.
- People told us they want to 'seek the right people/person', the 'right information from the right person' and 'right person, right place, straight away', are 'not always clear where to go', 'not clear where to access advice or support'.
- A large number of people in Herefordshire mentioned access - location' of services and available 'transport', ability to access a professional' and more specifically GPs, urgent care means having my MIU unit available for me to access in my local community including being able to walk to my MIU unit outside the 9-5 hours.
- The majority of people told us they wanted to feel 'confident', 'informed' and 'capable' when deciding what to do in a urgent care situation, as well as 'aware', 'supported' and 'knowledgeable'.
- People want information and clinical advice they can trust.
- The 'capacity for walk-in centre should be increased', whilst others thought they should 'locate walk-in advance in front of A&E' or that an 'urgent care centre in front of A&E' would be beneficial, 'minor injuries and treatment, local where possible, with extended hours', a 'filter system' for the response services, where there is 'phone support for advice then triage/ then a health professional'.
- People told us that having 'services available 24/7', 'easy access 7 days a week', 'access 24/7' and 'an appropriate 24/7 response' was what added most value to them when they had an urgent care issue
- People said 'having a service which is able to be accessed by all across Hereford', 'having a service which is available to the convenience of the patients' and 'moving Asda walk-in centre to MIU units to provide service in market towns' is what would make the biggest difference to them.
- Need for specific medical assistance as people told us they will go to health professional if they 'think something medical needs doing – x-ray/ medication etc, so access to a doctor and diagnostics is important.
- 'MIU' to be 'used effectively', whilst others said services should 'develop MIU to be the local walk-in centre and expand GPs and OOH GPs'.
- People said they wished for a 'integrated professional team', 'continuity of care', 'a joined up integrated services that includes GPs 'having a service which is 24/7 and linked to local GPs and that GPs undertake MIU work as well as part of the service – one conversation'.

10.3 People waiting at A&E were asked what was important to them (November 2013). The results showed:

Access to my local doctor for most of my health needs	24.12%	41
A sustainable hospital in Herefordshire with an A&E department	21.76%	37

Access to mental health services 24/7	4.70%	8
Walk in access to nurse or doctor advice	10.59%	18
Access to a doctor at night or at the weekend (out of hours)	20.59%	35
Access to advice and support for minor injuries or illness	7.65%	13
Reliable telephone advice to inform next steps	10.59%	18

10.4 In March 2014, further engagement with the public produced clarification of person-centred outcomes, as the illustration below shows.

10.5 The discussions on seven-day primary care services in 2015 was considered an opportunity to improve equitable access to urgent care services across the county. Seven day primary care would include functions for both routine and "urgent" primary care, which is in line with the findings from the extensive urgent care engagement exercise with local people, patients, clinicians and other stakeholders who told NHS Herefordshire CCG that they viewed their own GP practice as first port of call for urgent care. The development of urgent primary care functions with GP practices/localities under the national directive 7-day services in primary care could have had significant implications for the Herefordshire Minor Injury Units. At the time, it was noted that the provision of minor injury services across Herefordshire was not efficient at meeting people's needs.

10.6 There was a Minor Injury Unit survey undertaken in 2016 with 488 responses. The survey took place at MIU to explore the reason for attendance, how people travelled to the unit and demographic breakdown of attendees.

- 93% of people were registered with a GP practice, with 10% of those had tried to get a GP appointment in the first instance prior to attending the MIU.

- 58% of people had travelled less than 10 minutes to reach the MIU.
- 38% of people had attended the MIU because they felt it was the quickest way to receive help.

What would you have done if the Minor Injury Unit had not been available today?	
Looked after the problem myself	7.6%
Pharmacy	2.7%
NHS111	2.0%
GP's Practice	13.1%
Out of Hours GP service	2.0%
Other Walk in Centre	6.8%
A&E at County Hospital in Hereford	40.0%
Ambulance service 999	0.2%
No/none of these	2.0%
Don't Know	22.1%

10.7 In 2017, the Living Well at Home engagement took place across the market towns as part of gathering patient and public feedback about local community services. Over 800 people participated. Minor injuries units received mixed feedback, unexpected closures and transfer to Accident and Emergency department did not give people confidence that this was a reliable service that could meet their needs. Other feedback indicated that attendance at minor injuries unit was convenient. In terms of community services, people have advised that they would prefer NHS services to be delivered from GP surgeries. This would broaden the range of care delivered and prevent journeys to Hereford County Hospital or other locations. There was confusion over minor injuries units, e.g. opening times, whether they delivered care to children under 5, and whether x-ray or diagnostics were possible.

10.8 In 2018, work on re-designing services in the Kington community took place with the Town Council and local stakeholders. The redesign included the MIU. Kington has been served by a minor injury unit for several years commissioned through NHS Herefordshire CCG. It was positioned at Kington Court and operated by Blanchworth Care. Due to governance issues this service has now been decommissioned since February 2018. This led to a revised model through Kington Medical Practice who now provide minor illness cover for their practice population, and any patients that turn up at the surgery. The practice already had two Advanced Nurse Practitioners (ANP) and an Emergency Nurse Practitioner (ENP) who could see this cohort of patients without further training. The additional nursing support is used to help the practice reconfigure their appointments and free up the ANP and ENP appointments to see patients when they present hence reduce any extended waiting times.

11. ESCALATION MANAGEMENT AND BUSINESS CONTINUITY ARRANGEMENTS

11.1 All organisations, as part of the A&E Delivery Board, have shared their internal escalation management action plans. These escalation plans formally sets out the operational management arrangements when any part of the system experience pressure, over and above business as usual. Formal trigger points with agreed actions for each partner must consider maintaining patient safety and quality of care.

11.2 Four levels of escalation exist from level 1 (lowest) to level 4 (highest). These align to the national NHS Operational Pressures Escalation Levels framework (OPEL). Each day alerts are shared across the system to ensure that partners are advised of daily information. All organisations have clear on call arrangements with rotas and key numbers routinely shared between partners.

11.3 All organisations that have direct patient input have produced an adverse weather plan, in-line within national planning guidance. This will include arrangements for business continuity in cases of flooding, snow, prolonged cold weather / sub-zero temperatures.

12. CONCLUSION

12.1 The urgent and emergency care system is a critical part of responding to ill-health. Through the A&E Delivery Board, activities are coordinated to ensure that services can meet the population's needs. A programme of transformation is a necessary part of this work.

12.2 In recent years, this has led to new services such as Home First, Front Door Frailty and clinical assessment areas. Greater coordination such as complex discharges; and using a single system for sharing of information has improved responsiveness of services.

12.3 Minor injury units have existed for some years, with low level of activity. The temporary closures have been carried out to ensure that skilled workforce are deployed to the Accident and Emergency Department, where more patients can be seen and therefore, contribute to addressing the pressures that the emergency and urgent care system experiences.

REFERENCES

CQC (2018). Under pressure, safely managing increase demand in emergency departments.

NHSI (2019). Same-day acute frailty services. May 2019.

NHSI (2017). National priorities for acute hospital. Good Practice Guide focus on improving patient flow. July 2017.

Appendix 1: A&E Delivery Board Performance Report