NHS
South Tees
Clinical Commissioning Group

Developing a South Tees CCG Urgent Care Strategy

Case for Change

Julie Stevens
Commissioning & Delivery manager

improving health together

Scope

Urgent Care Defined as:

‘the range of health services available to people who need urgent advice, diagnosis and treatment quickly and unexpectedly for needs that are not considered life threatening’

Excludes Emergency Care defined as:

‘immediate or life threatening conditions, or serious injuries or illnesses’

In Scope:

Therefore: NHS 111, primary care, community pharmacy, minor injury units and walk-in centres

Plus: 999 and Accident and Emergency acknowledging that a number of patients will use these services to meet urgent needs and therefore have an impact upon the way these services operate.

DRIVERS FOR CHANGE

National Context

- Keogh review - intense, growing and unsustainable pressure' which is being driven by rising demand from a population that is getting older, a confusing and inconsistent array of services outside hospital, and high public trust in the A&E brand
- National vision to be adapted locally

Local Context

- Number of emergency admissions very high – Second highest rate for admissions not usually requiring hospital admission

- Local strategies/programmes of work
  - IMProVE Programme
  - Better Care Fund
  - System Resilience Group

- Re-procurement of contracts for walk in centres, OOH by end of September 2016

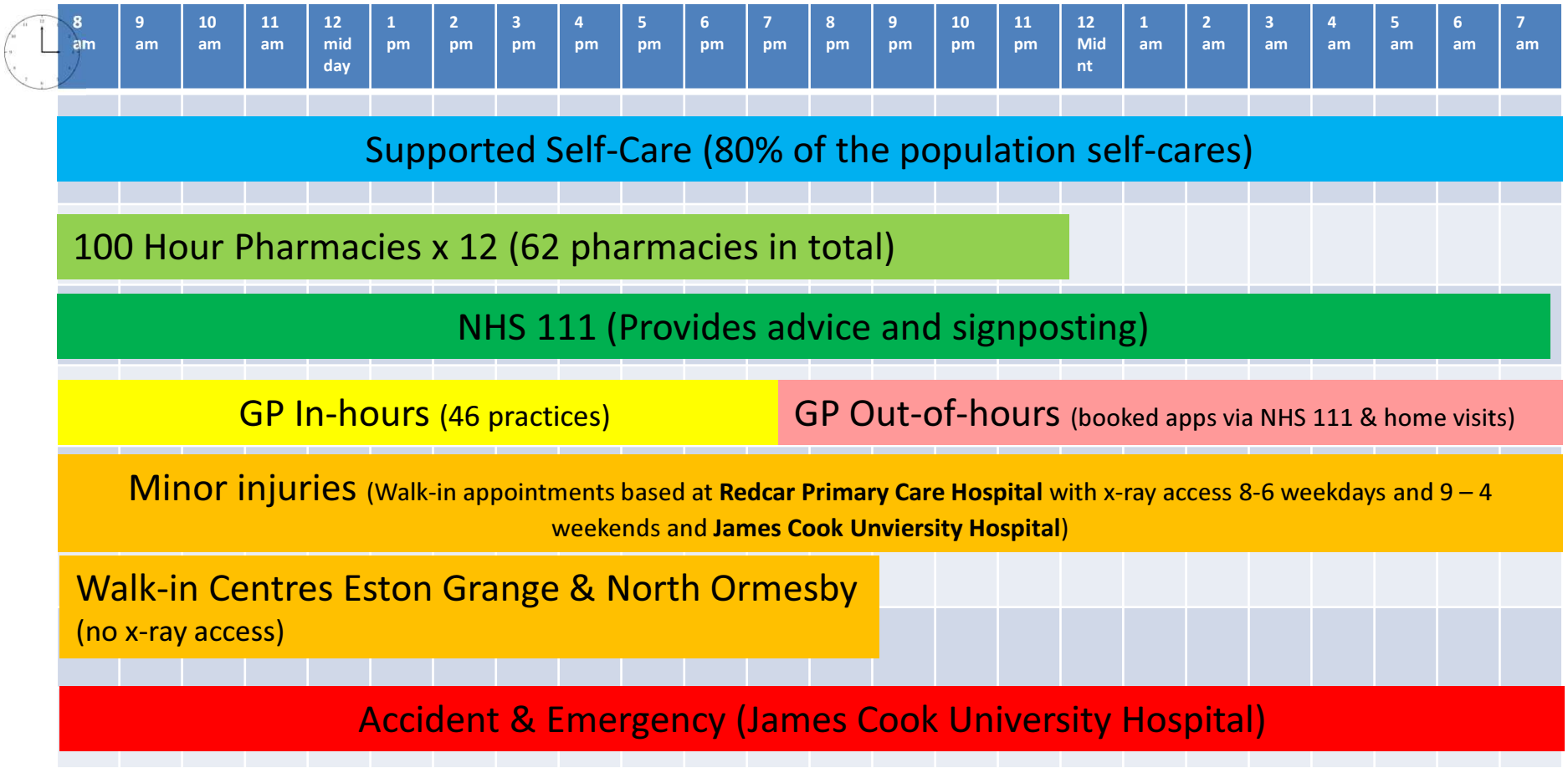
What have the public told us?

- General confusion regarding what services to access and where to go
- Access to primary care can be difficult
- A&E is overused, abused and that something needs to be done to reduce activity
- Experience of the 111 service is mostly positive but needs to be advertised more widely
- More promotion of pharmacy services
- Need to focus on alcohol services to avoid A & E attendance
- Previous walk-in survey showed - *The majority of people had not contacted their own GP or 111 first before attending and stated that they would have gone to A & E should the facility not have been available.*

Workforce

- Nationally there is a shortage of GPs, numbers not having risen since 2009.
- For South Tees, the number of GPs in relation to the population is below the England average
- Challenges for James Cook in relation to the emergency medicine workforce – in line with national pressures around delivering care over 7 days a week

Current Urgent Care Service Entry Points – South Tees



- Variety of opening times
- Difficulty understanding differences between what each service provides – GPs, minor injury services and walk in centres provide assessment and treatments for minor ailments
- Minor injuries x-ray available most of the time, sometimes nurse led, sometimes doctor led
- Educating the public around services – evidence indicates most impact at the time of access

Can we/should we:

Bring some services together, standardising where possible?

Eliminate the need for patients to understand the difference between services?

Is there a case for re-focussing our patient education programmes?

Demand on services

- General demand for health services is increasing
- Examples of urgent care service activity which has remained:
  - Static – 111 and A & E services
  - Decreased – OOH contacts, ambulance incidents
  - Increased – primary care contacts and walk in centres

- Patient satisfaction for GP access is fairly high but has deteriorated. Activity surges outside of GP opening times especially in relation to treating children.

- Complexity of patients attending A & E is increasing and likely to take up more time.

Going forward: We need to ensure we commission services which closely match capacity with demand

The system is complex to manage with numerous services, different providers and commissioners

- Difficult to achieve clear and shared governance

- Patient information seen as key to providing good care – not able to share this across services currently

A need to work closely together to achieve improvements across the system.

One service – should we consider awarding prime contractual responsibility to one party with sub-contractual arrangements?

There is duplication in the system

- Walk in centres – stirred national debate (Monitor paper)
  - Some commissioners have closed walk in centres, replacing with urgent care centres, some co-located at A & E Departments
  - Others have changed the way in which walk-in centres operate

- A & E undertaking care which could be delivered by primary care – 44% of S Tees A & E attendances were discharged without any further follow-up and most people are discharged within 2 hours

- Minor injuries and minor ailments provided by a number of services

Our challenge is:

How do we address duplication without adversely affecting access?

Emerging National Policies

- 7 day services – South Tees Access and Response (STAR) pilot scheme – evaluation timetables
- Integrating 111 with Out of Hours services
- Pledge to recruit more GPs
- Co-commissioning – working with NHS England to make joint decisions

The cost of urgent care provision is high

- Changes in demographics, particularly growing elderly population, driving up the overall cost of healthcare
- Growth at time of austerity - £30 bn funding gap by 2021
- Making best use of tax payers money

Are there potential economies to be made around duplication of some service provision and:

- Matching capacity and demand
- Multiple providers
- Improved integration
- Better education of patients around self-care?

Our Principles for urgent care services

We have developed a set of key principles derived from local, national strategies and public feedback. Urgent care services should:

- Provide consistently high quality and safe care 7 days per week
- Be simple, ensuring the urgent care system works together rather than pulling apart
- Provide the right care, at the right time in the right place by those with the right skills first time
- Acknowledge that prompt care is good care
- Deliver care closer to home where appropriate and safe to do so
- Be efficient and effective in delivery of care for patients

Our Proposals

The CCG wishes to engage and talk to the public and key stakeholders about the development of an urgent care strategy based around the patient. We want to discuss and consider how we can:

- Reduce confusion for patients by standardising/combining services where appropriate
- Ensure a seamless service for patients irrespective of how/when they enter the system
- Improve outcomes and patient safety by sharing relevant patient information electronically across the urgent care system
- Educate patients around self-care and alternative urgent care provision – increasing the use of services such as pharmacy and NHS 111
- Achieve an overall reduction in the number of A & E and Walk-In Centre attendances (particularly those related to primary care conditions)
- Increase the number of patients treated at the scene and to reduce numbers of inappropriate 999 calls.
- Commission services which are value for money, making more efficient and effective use of our health resources

We will continue to work with NHS England to increase the level of patient satisfaction in relation to convenience and access to general practice.

Engaging with the Public

- July – August 2015
- Report on findings – September
- Develop strategy and options for procurement of services – further stakeholder meetings (20 October)
- Formal consultation may be required - dependent upon strategy

Draft Timeline