

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **12 September 2013**

By: **Assistant Chief Executive**

Title of report: **Urgent care**

Purpose of report: **To consider how local health and social care partners are improving the way the healthcare system responds to urgent needs.**

RECOMMENDATIONS

HOSC is recommended:

- 1. To consider and comment on the work being undertaken by local health and social care partners through the Urgent Care Network**
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1. Background

1.1 The issue of urgent care has been highlighted a number of times during HOSC's work on a range of issues. It has been apparent that there is a need and intention to develop services outside of acute hospitals to meet both urgent and ongoing needs in the most appropriate, convenient and cost-effective way, ensuring that patients are admitted to acute hospitals only when this is the best way to meet their needs.

1.2 The Committee wanted to consider what is being done by local health and social care partners to improve the response to people who have urgent (as opposed to emergency) care needs. Emergency care needs (the most serious and time-critical conditions) would generally be responded to through the Ambulance Service and Accident and Emergency (A&E) departments. Urgent care needs are generally regarded as those which cannot wait (or the patient perceives cannot wait) for a routine GP or other appointment and require more urgent attention, but which are not an emergency. Urgent and emergency care are closely interrelated.

1.3 Nationally, there is increasing emphasis on finding better ways to respond to people's urgent needs in community settings or at home, thus avoiding unnecessary attendances at A&E departments or unnecessary hospital admissions. As well as meeting needs more effectively, this has potential to make better use of resources and relieve pressure on acute hospitals. The needs of frail elderly people, who may have multiple conditions and social care as well as health needs, are a particular focus.

2. Urgent Care Network

2.1 In East Sussex, work to improve the healthcare system's response to urgent needs is led by the Urgent Care Network. This is a partnership which brings together NHS commissioners and providers and Adult Social Care commissioner and provider representatives to agree and oversee a series of workstreams to address key issues.

2.2 The Urgent Care Network has provided a presentation outlining the key challenges in East Sussex and some of the work currently underway. This presentation is attached at appendix 1 and will be presented to HOSC by Dr Susan Rae, one of the two GP co-chairs of the Network, with Nicky Young, Whole Systems Programme Manager for the Clinical Commissioning Groups and Adult Social Care.

2.3 They will be joined by a panel of representatives from key partner organisations to discuss the issues and workstreams with HOSC:

- From Adult Social Care, Beverley Hone, Assistant Director (Strategy and Commissioning) and Mark Stainton, Assistant Director (Operations)
- From East Sussex Healthcare NHS Trust, Dr Andy Slater, Medical Director (Strategy) Pauline Butterworth, Deputy Chief Operating Officer (Operational) and Jayne Phoenix, Deputy Chief Operating Officer (Strategic)

- From South East Coast Ambulance Service NHS Foundation Trust, Geraint Davies, Director of Commercial Services, James Pavey, Senior Operations Manager and Anouska Adamson-Parks, NHS 111 Programme Manager

3. Issues for HOSC to consider

3.1 There are a number of themes HOSC may wish to explore, such as:

NHS 111

3.2 From April 2013 NHS 111 has been introduced as a single number for patients to call if they have an urgent healthcare need which is not a '999' emergency. It replaces NHS Direct, but is intended to offer an enhanced service by linking patients directly with local services where possible, in addition to offering advice and signposting. It is now the access point for GP out of hours services. In the South East Coast area NHS 111 is provided by the Ambulance Service in partnership with Harmoni, an independent provider. HOSC may wish to explore the role of the 111 service, how it is delivering this role and how it links to other urgent care services.

GP out of hours

3.3 For a number of years now, GP practices have been able to opt out of providing out of hours services to their patients. Instead, out of hours care for most patients has been commissioned centrally, previously by Primary Care Trusts and now by Clinical Commissioning Groups, and has been delivered by a range of providers. HOSC may wish to explore how out of hours services are currently operating in East Sussex and any plans for the future.

Access to primary care

3.4 Individual GP practices have a range of systems in place for patient booking of urgent and routine appointments. In recent years a number of initiatives have been designed to improve access to primary care, such as maximum waits to see a GP or other health professional and encouraging extended opening hours. There have been recent national reports of GP practices experiencing increased demand for appointments and patients sometimes report difficulty contacting practices by phone to book appointments. HOSC may wish to explore how access to GP practices is being developed in East Sussex.

3.5 A further initiative to improve access to primary care was the introduction of GP led Walk in Centres, of which there are two in East Sussex – Eastbourne Station and Station Plaza Hastings. These offer a combination of walk-in appointments (without booking) and a normal GP practice service with extended opening hours. HOSC may wish to consider the role of these centres.

Integration

3.6 A major national priority is to improve integration of NHS and social care services to provide a more holistic response to the needs of patients who may have both health and care needs. Bringing together community health and care services and improving responsiveness is a major ongoing programme of work in East Sussex which HOSC could explore.

The role of A&E

3.7 There has been considerable national attention on pressures being experienced in Accident and Emergency (A&E) departments across the country. Many hospitals experienced high levels of demand last winter which impacted on waiting times in some A&E departments. A range of potential contributory factors have been put forward, and it appears that pressures relate to the whole healthcare system, not just the functioning of A&E departments. HOSC may wish to consider the role of A&E, and related services such as Minor Injury Units, in the wider system.

System complexity

3.8 The perceived complexity of the urgent care system from a patient perspective has also been under the spotlight in an NHS England review. The respective roles of services such as A&E, Minor Injuries Units, Walk-In Centres, the Ambulance Service and NHS 111 are not always well understood. HOSC may wish to consider how the system as a whole works, and how navigable it is for patients in East Sussex.

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East Sussex Urgent Care Network

Urgent Care Network

- The Network is clinically led and it's membership consists of Senior Clinicians and Managers from across the system
- Joint approach to respond to the increasing need of the local population
- The Network has a track record of delivering an integrated approach to changes that have improved experiences for patients locally

Urgent Care Network

What drives us?

- To have the ability to keep people at home and out of hospital when appropriate to do so.
- To have care and support that is responsive to peoples needs and is making most effective use of the resources we have as a system
- Making sure we have an effective and efficient emergency response & treatment for those people who need it

What are our Priorities?

➤ Acute Sector (ESHT)

- Senior decision making at front of hospital
 - Sustain A&E performance
 - Development of ambulatory assessment units

➤ Ambulance (SECamb)

- Reducing ambulance conveyance to hospital by providing direct access to community support teams and medical advice
- Improving ambulance handovers

What are our Priorities?

- **Adult Social Care**
 - Access to rapid response home care and enhanced nursing to keep people at home whenever possible
 - Nursing home project

- **Primary Care**
 - Access to urgent primary care support through Out of Hours (OOH) services, Minor Injuries Units (MIU), Walk in Centres (WIC), GP in A&E
 - Improved in-hours access
 - Multi-disciplinary meetings for high risk patients

- **End of life care**
 - Communication between core & urgent services to ensure the wishes of the person are known and respected

Examples in Action

- 7 day a week therapy and social care team at front of hospital supporting assessment and community discharge support from A&E
- 7 day a week 'Take Home and Settle' service working collaboratively with Age UK to support our frail older people who have attended A&E
- In reach Care Home support – training and guidance for Care Home staff
- Improving Communication: Working with SECAMB, Acute, Out of Hours and Community staff to share & support 'crisis plans' that have been agreed with the patient
- Urgent care dashboard in GP practices