

Summary Report for Reading Health and Wellbeing Board

14th July 2017

Name of Report	Urgent and Emergency Care Delivery Plan: Summary Briefing for Reading HWBB
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Organisation	North & West Reading CCG
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Subject Information	To brief the HWBB on plans for a modernised and improved urgent and emergency care service as described in the “ Urgent and Emergency Care Delivery Plan “ which was published by NHS England in April 2017.

Urgent and Emergency Care Delivery Plan: Summary Briefing for Reading HWBB

The purpose of this paper is to brief the HWBB on plans for a modernised and improved urgent and emergency care service as described in the “ *Urgent and Emergency Care Delivery Plan* “ which was published by NHS England in April 2017. The paper also confirms the steps that have been taken locally, to date, to support delivery of the plan. The final version of the Berkshire West Delivery Plan will be presented to the October meeting of the Reading Health and Well Being Board.

Background

The “*Next Steps on the NHS Five Year Forward View (5YFV)* “published in March 2017 explains how the four national service improvement priorities for the NHS over the next two years will be delivered. These are urgent and emergency care, primary care, cancer and mental health. The plan clearly sets out the challenge facing the NHS and wider health and care system – to continue to deliver high quality care today, while fundamentally transforming services to deliver the best possible care in the future, all against a background of financial pressures and growing demand. In relation to Urgent and Emergency Care it also restates the requirements in the 2017/18 NHS Mandate – 90 % of emergency patients to be seen within four hours by September 2017, the majority of trusts to meet the 95% standard by March 2018 and a return for the NHS overall to the standard of 95 % during 2018.

The “*Urgent and Emergency Care Delivery Plan*” published in April articulates in more detail the offer, specification, delivery plan, expected costs and benefits of the 7 Urgent and Emergency Care priorities which are expected to deliver the transformation required.

The changes come after the NHS coped with its busiest ever winter and which saw a record 23 million people attend A&E in 2016-17, 1.2 million more than 3 years ago. The number of calls to NHS 111 has doubled over the same time frame to 15 million, while ambulances and GPs also saw a record number of patients. With that has been a growing trend for many patients to turn to A&E or call ambulances when they don't need such advanced emergency treatment; or going to see their GP when they would be better seeking advice from NHS 111, or remedies from their pharmacist. Estimates suggest that if we offer the right services, up to 3 million people who attend A&E could have their care needs met elsewhere.

“Urgent and Emergency Care Delivery Plan” 7 Priorities

The 7 key areas of change are listed below together with, where appropriate, a summary of where we are locally in responding to these.

1. **NHS 111 online in 2017:** Throughout 2017 there will be testing of innovative new models of service that enable patients to enter their symptoms online and receive advice online or a call back.
2. **NHS 111:** Increase the number of 111 calls receiving clinical assessment to a third by March 2018, so that only patients who genuinely need to attend A&E, or use the ambulance service, are advised to do this. Locally the CCGs have been leading on the development of a new Integrated NHS111 for Thames Valley – the new ‘front door’ for urgent care, which will go live from 5th September 2017. This service will offer patients access to a seamless 24/7 urgent clinical assessment and treatment service – bringing together NHS 111, GP out of hours and other clinical advice, such as dental, medicines and mental health. The new service has been developed around the patient, with a team of clinicians

available on the phone when needed, and is linked into a new NHS Clinical Hub, a group of healthcare professionals who can help get the patient the right care at the right time, in the right location. Where social care is accessed via the Berkshire Hub this will also be included. The service will also provide Specialist Palliative Care advice and support for patients, their families and carers 24/7 365 days a year, the service that was previously provided by Palcall.

3. **Expanding evening and weekend GP appointments to 50 per cent of the public by March 2018, then 100 per cent by March 2019:** For both Reading CCGs the ambition is for 100% of practices to be providing extended access by end of 18/19, however, South Reading CCG will offer extended access to 31.3% of the population by the end of 17/18.
4. **Roll out of around 150 standardised ‘urgent treatment centres’ to offer diagnostic and other services to patients who do not need to attend A&E:** Will be considered as part of the development of the Berkshire West local plan.
5. **Comprehensive front-door clinical screening at every Acute hospital by October 2017:** Streaming at the front door will speed up clinical decision making ensuring that patients with non-life threatening illness can be immediately directed to a service that better meets their needs. Plans for this are being developed locally and RBH were fortunate to be allocated national capital monies to support the development of their building infrastructure to support the new model of care at the front door of ED. This will be a Primary/Ambulatory Care model encompassing the following:

Minor injury stream: This will operate 24/7 365 days per annum. It will remain nurse led as now with low tech diagnostics with no proposed changes to clinical pathways or current governance arrangements.

Minor illness stream: This will operate 0800 – 2300 365 days per annum. It will be GP and nurse led with access to low tech diagnostics and prescribing but will **not** be a GP Practice. This element of the model will be commissioned on a trial basis pending the development of Primary Care Hubs in Reading as it is expected that these hubs will negate the need for the service to be based at the Acute Trust in future.

Ambulatory Care stream: This will operate 1000 – 2200 365 days per annum. It will be Consultant led with GP input and deliver ambulatory care pathways supported by rapid access diagnostics.

The Primary Care service being commissioned will deliver the minor illness stream but also perform an important function within the ambulatory care streaming model operating at the front door of RBH. Dr Andy Ciecierski, the CCGs Clinical Lead for Urgent Care is currently working with Dr Will Orr, Clinical Lead for Urgent Care at RBH on a review of ambulatory care pathways.

6. **Hospital to Home: Hospitals, primary care, community care and local authorities working together to address delayed transfers of care. This will include ensuring that a proportion of the £1bn provided for adult social care in the Spring Budget is used to address delayed discharges, freeing up 2,000-3,000 acute hospital beds.** The CCGs have been working closely with health and social partners to ensure that patients are sent home as soon as possible and if home is not the most appropriate place for their needs, that they will be promptly transferred to the most appropriate care setting for their needs. We have assessed our current practice against the “8 High Impact Actions For Discharge” and our response to this is contained in the DTOC action plan that will be submitted as part of our Better Care Fund submission.

7. **Ambulances: Implementing the recommendations of the Ambulance Response Programme** by October 2017, freeing up capacity for the service to increase their use of Hear & Treat and See & Treat, thereby conveying patients to hospital only when this is clinically necessary:

For South Central Ambulance the focus will be on;

- Quicker recognition of life threatening conditions (through rollout of the national ambulance response programme)
- Delivery of a more clinically focused response for patients linking into the Integrated Urgent Care service to offer a wider range of alternatives to conveyance to hospital
- Ending long waits for an ambulance and minimising hospital handover delays.

This will be delivered by developing the ambulance workforce, increasing their diagnostics and assessment skills, thus enhancing the assessment and treatment provided outside the hospital setting.

Next Steps

The Berkshire West A&E Delivery Board which comprises partners from health and social care in Berkshire West is responsible for developing and ensuring implementation of a local action plan in response to the requirements of the Delivery Plan. This is in addition to an STP wide Urgent and Emergency Care Plan currently being developed which deals with those aspects which require a BOB (Berkshire West, Oxfordshire and Bucks) wide response. These are primarily around ambulance services and NHS 111 and are as follows:

- Development of a Service Development plan for NHS 111 Integrated Urgent Care service across health and social care
- Increased visibility and access to alternative community based services to be directly accessed by the ambulance service
- Enhanced Directory of Services to underpin the response to 111 and 999 calls
- Innovative use of the primary care workforce including their role in Integrated Urgent Care
- Building on existing good practice to develop consistent ambulatory care pathways
- Development of consistent metrics across the acute sector to support analysis of pressure points and heat maps
- Hospitals developing a more consistent interface with Councils for Drug and Alcohol services
- STP workforce plan for community based care
- Co-design of onward care services (including Domiciliary Care) with the Independent sector focused on outcomes

Our local A&E Board had a focused workshop on 22th June to develop the local plan and this will be presented to the HWBB in October together with the Thames Valley STP Plan.