

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	Friday 19 th January 2018	AGENDA ITEM:	12
REPORT TITLE:	Update on Urgent and Emergency Care Delivery Plan		
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ORGANISATION:	North & West Reading CCG		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To update the HWBB on progress in delivery of 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

2. RECOMMENDED ACTION

- 2.1 *Update for the Health & Wellbeing Board to note.*

3. BACKGROUND

- 3.1 In July 2017 The HWBB received a briefing paper 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 confirmed the steps that had been taken locally to support delivery of the plan.

This paper provides an update on progress in delivering the plan and also describes the winter planning process in place for the Winter of 2017/18.

4. "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.

- 4.1 **NHS 111 online:** In line with NHS England expectations of 111 Online being available nationally by December 2018, the Thames Valley CCGs intend to collaborate with CCGs across Hampshire to procure a solution across the footprint of South Central Ambulance Service, the lead provider of Integrated Urgent Care within Thames Valley and NHS 111 in Hampshire. This partnership approach will allow us to ensure optimal integration with GP online services and provide seamless access to patients across the region. We plan to procure and mobilise a 111 Online Provider during 2018, so that the service is in place by December 2018.

- 4.2 **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.** The new Integrated NHS111 for Thames Valley – the new ‘front door’ for urgent care, went live from 5th September 2017. This service offers 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. The service was recently assessed by the national clinical governance team for Integrated Urgent Care (IUC), who spent the day interviewing staff and seeing the call centre in action. The national team were impressed with the robust clinical processes in place, the expertise and the enthusiasm shown by staff and the integrated working displayed between the previously disparate services. The service is already demonstrating value to patients with a greater number of patients receiving definitive treatment within the call centre compared to the previous 111 service, avoiding the need for further care. The percentage of patients advised to attend the Emergency Department and those advised that they require an ambulance response within 60 minutes (known as a Green ambulance) have both decreased, indicating that the clinicians within the IUC service are able to appropriately manage patients who may previously have been recommended a service that was greater than their level of clinical need. Since August the number of calls triaged by clinicians has increased from 2517 in August to 4285 in November. The percentage of calls being directed to A&E has decreased from 8.3% in August to 6.12% in October and the percentage being sent a 999 emergency response has decreased more marginally by 0.3% over the same time period.
- 4.3 **Expanding evening and weekend GP appointments to 50 per cent of the public by March 2018, then 100 per cent by March 2019:**
Across Berkshire West GPs are currently commissioned to provide an additional 42 minutes per 1000 population outside of core hours i.e. Monday to Friday 8am to 6:30pm. In Reading 23 out of 25 eligible practices provide extended hours services, up to 37,648 additional appointments per year.
- 4.4 **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:** Discussions are taking place to re-designate the current Minor Injuries Unit at West Berkshire as an Urgent Treatment Centre in 2018. This means it will move from being a Nurse led Minor Injuries Unit to a GP led Urgent Treatment Centre open 12 hours per day 365 days per year, staffed by GPs, nurses and other clinicians and with access to simple diagnostics. Patients will be able to walk in to the service or have an appointment booked directly by NHS 111. Urgent Treatment Centres are required to conform to 27 national standards and the Minor Injuries Unit at WBCH is already compliant with 16 of these standards with a plan under development for achievement of the remaining standards.
- 4.5 **Comprehensive front-door clinical streaming at every Acute hospital by October 2017:** Clinical Streaming at the front door of A&E was introduced at the Royal Berkshire Hospital in October. This means that all patients attending A&E as walk-ins are assessed by a senior Nurse and if clinically appropriate immediately directed to a service that better meets their needs. As stated in the July briefing 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 is a Primary/Ambulatory Care model which encompasses the following:

Minor injury stream: This operates 24/7 365 days per annum. It is nurse led as before with low tech diagnostics and there have been no proposed changes to clinical pathways or current governance arrangements.

Minor illness stream: This operates 0800 - 2300 7 days a week. It is GP and Nurse led with access to low tech diagnostics and prescribing but is not a GP Practice. Patients who attend on more than one occasion receive advice on how to access their own GP appropriately or how to register with a GP if they are not currently registered. This element of the model has commissioned on a trial basis and its impact will be reviewed in February 2018. It is expected that the development of Primary Care Hubs in Reading will negate the need for the service to be provided in the longer term. .

Ambulatory Care stream: This operates 1000 - 2200 365 days per annum. It is Consultant and Nurse led and delivers ambulatory care pathways supported by rapid access diagnostics. The pre-existing ambulatory care unit at the RBH was a bedded area and when the hospital came under pressure the unit was used to accommodate patients requiring an overnight stay. The new Ambulatory Care Unit, which is co-located with the minor illness stream, cannot be used for bedded patients which means that even at times of pressure the ambulatory care unit is protected and patients can continue to be treated on same day pathways avoiding the need for overnight stays.

4.6 **Hospital to Home: Hospitals, primary care, community care and local authorities working together to address delayed transfers of care.** The CCGs have been working closely with health and social partners to ensure that patients are discharged from hospital 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. This is a major focus of our Better Care Fund Plans and in Reading progress on this is overseen by the Reading Integration Board. The CCGs and Reading LA are not yet meeting the national target of having no more than 3.5% of bed days lost due to delayed transfers but we expect the November figures, which will be published on 11th January, to show an improvement and all our efforts are focused on achieving the target. An Integrated Health (Hospital and Community) Discharge Service is now in place at RBFT and a new jointly appointed (RBFT and BHFT) Manager came into post in December 2017.

4.7 **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:

On 30th October SCAS went live with the launch of the national Ambulance Response Programme. This was the biggest change of operating model for the ambulance service in a decade and the Chief Operating Officer at SCAS confirmed that the switch over went smoothly and to plan with no adverse patients incidents. It is early days in terms of understanding the impact of the new model but the focus remains 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.

5. WINTER PLAN

- 5.1 The Royal Berkshire Hospital and the Berkshire West CCGs are required to meet the Government's 17/18 mandate to the NHS that the majority of Trusts meet the 95% A&E standard in March 2018 and that the NHS overall returns to the 95% standard during 2018. Within this there is an expectation that performance of 90% against the A&E standard is maintained throughout winter. Year to date A&E performance at RBH as at 31st December 2017 was 91.49%.

The Berkshire West A&E Delivery Board which comprises partners from health and social care in Berkshire West is responsible for co-ordinating planning for winter which started in August 2017. There is one overarching system plan and each of the partner Organisations have also developed their own organisational plan for Winter. The System plan which has been assured as "Green" by NHS England covers the following key areas of focus:

- Demand and capacity plans
 - Front door processes and primary care streaming
 - Flow through the Urgent & Emergency Care (UEC) pathway
 - Effective discharge processes
 - Planning for peaks in demand over weekends and bank holidays
 - Ensuring the adoption of best practice as set out in the NHS Improvement guide: *Focus on Improving Patient Flow*.
 - Resilience in the 999 and Integrated Urgent Care services
 - Business Continuity including management of disease outbreaks
- 5.2 The Royal Berkshire Hospital and the rest of the Urgent Care System, including Adult Social Care partners, have been operating at "high escalation" levels since mid-December to maximise patient flow throughout the acute and community hospitals, ensure timely discharges for onward care and help minimise delays in A&E. A "Winter Escalation Team" is having regular senior level telephone conferences to lead the whole system response in line with the National Escalation Framework.

6. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS - N/A

7. COMMUNITY & STAKEHOLDER ENGAGEMENT - N/A

8. EQUALITY IMPACT ASSESSMENT - N/A

9. LEGAL IMPLICATIONS - N/A

10. FINANCIAL IMPLICATIONS - N/A

11. BACKGROUND PAPERS - N/A