



Isle of Wight
Clinical Commissioning Group

Committee report

COMMITTEE	POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH
DATE	MONDAY, 25 MARCH 2019
TITLE	UPDATE ON URGENT & EMERGENCY CARE BLUEPRINT – IW CLINICAL COMMISSIONING GROUP
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SUMMARY

This paper is intended to provide the Committee with an update on the work carried out toward delivery and commissioning of an Urgent Treatment Centre and the new 111 clinical assessment service as defined within the Urgent and Emergency Care Blueprint.

URGENT & EMERGENCY CARE STAKEHOLDER ENGAGEMENT EVENTS

A number of Urgent and Emergency Care co-design stakeholder engagement events were held in the Autumn 2018, at these we shared the National and Regional expectations for urgent care transformation and used this to shape our local vision and staffing requirements.

The purpose of the engagement events was to shape the local transformation of urgent and emergency care on the Island. Defining the change and helping strengthen, and adapt the urgent care response, working alongside primary care. The focus was four key areas of urgent and emergency care where primary care and other Urgent & Emergency Care system stakeholders had a combined contribution that could deliver a comprehensive, cost effective, efficient urgent care solution that is not duplicated across the urgent care pathway, providing **right care, right time, right place** for the Island population these were as follows:

Enhanced Access / 7/7 Primary Care	<ul style="list-style-type: none"> • Provided at evenings and weekends or 12hrs a day 7 days a week offering primary care pre-booked appointments
A whole Island Home Visiting Service	<ul style="list-style-type: none"> • Provided 24hrs a day 7 days a week accessible across the urgent care pathway delivered by an integrated workforce
Reformed 111 and GP out of hours providing an Integrated Urgent Care Clinical Assessment Service	<ul style="list-style-type: none"> • Provided 24hrs a day 7 days a week accessible for the island population delivered by an integrated workforce
Urgent Treatment Centre as part of an urgent care floor including face to face minor injuries treatment	<ul style="list-style-type: none"> • Provided 12hrs a day 7 days a week accessible via 111/Primary Care delivered by an integrated workforce

URGENT TREATMENT CENTRE DELIVERY MODEL

The engagement and co-design workshops held with system partners in the Autumn, produced the following design principles and consensus views of the system for delivery of an Urgent Treatment Centre:

- Robust triage for urgent care provided both virtually, physically and/or telephone led that is consistent and of high quality. Development of signposting across system partners where this is absent.
- Supported by a full multidisciplinary team that can work in an integrated flexible way to allow filtering up of cases that require the sparser clinical resources
- Utilise virtual and digital technology and should be delivered from one designated position to enable access to investigations
- Should have a preventative element to its delivery - by enhanced access to patient record.
- 111, primary care and the emergency department should have access to direct book appointments into the Urgent Treatment Centre
- The Urgent Treatment Centre must have a primary care ethos

Having looked at the aggregated data of current demand patterns, and understanding the current staffing provision, the urgent treatment centre will be delivered from 8am to Midnight providing capacity for an average of 100-200 patients a day.

The position of it being centrally located satisfies the NHS England remit and description and in addition capitalises on the island premium that delivers an A&E department on the island recognising that staffing from there will contribute to delivering the Urgent Treatment Centre from this central hospital location. It is important to note that this resource cannot be realised from any other single site location at this stage and importantly does not make sense in terms of patient pathway.

The essential components of the Urgent Treatment Centre therefore are:

- Joint Primary Care and Consultant leadership, governance and performance management
- Integrated staffing/workforce model and management of delivery
- Use of digital capabilities and technology to deliver efficiencies across the system now and develop over the next two years (working with 111, Ambulance, Urgent Treatment Centre and A&E)

NHS 111 CLINICAL ASSESSMENT SERVICE DELIVERY MODEL

The engagement and co-design workshops held with system partners in the Autumn, produced the following design principles and consensus views of the system for delivery of the 111 service and GP out of hours providing an Integrated Urgent Care Clinical Assessment Service:

- Staff delivering integrated urgent care will need to work across organisations to deliver on the Clinical Assessment Service at scale. This will provide an important variety of working style and career opportunities
- A mixture of on and off island delivery to match capacity and demand (dependent on time of day, day of week and population need) will ensure maximisation of the limited availability of clinicians will be utilised in the most efficient schedule of work, extending in current provision or other methods of delivery where necessary
- Local knowledge and delivery of the Directory of Services is important and crucial to success
- Interoperability and Technology are key enablers with capabilities such as video consulting supporting delivery.

NEXT STEPS

From key meetings with One Wight Health, The Trust and other providers, the following is being worked up to deliver the new model for the urgent treatment centre:

- A detailed workforce model and costed proposal
- Agree 12 hour a day delivery of UTC and a model of 24 hours including weekends with structures optimised to meet anticipated demand
- Agree the clinical governance and management approach for this integrated workforce
- Organise the operational management and performance management structure for the system for the urgent treatment centre

An authorisation meeting with NHS England to approve designation of the Urgent Treatment Centre at the St Mary's Hospital site is due to take place on the 21st of March. As part of the authorisation we must have clear plans for branding and communication with the public and this will be worked into the communications plan that the UEC programme board has responsibility for.

Delivery of the model has been phased as follows:

Phase 1 – minors being streamed out of A&E to provide additional physical capacity to the department and also to improve non-admitted performance – **Complete**

Phase 2 – extension of the weekend and evening GP OOH service to a 7 day a week service 8am to Midnight providing capacity for an average 100 to 200 patients a day. Linked to the Enhanced Access Service so that the total capacity for that service is made available to support both the Newport Hub and also the existing community-based services – **April 2019**

Phase 3 – to provide additional capacity to support taking appointments from 111 and some on day appointments - **April 2019**

Phase 4 – to create locality-based spokes to the service above to meet local demand linked to development of GP Clinical Networks – **2020/21**

Further work is required by March 2020 to meet the national specification for an integrated urgent care 111 clinical assessment service and the following is in active development:

- Direct Booking into GP Out of Hours and the Urgent Treatment Centre
- Continued work on developing the workforce requirements for the clinical assessment service
- Clinical review of emergency department dispositions from 111
- End to end reviews of calls auditing quality of the whole pathway from initial call with 111 to end service disposition and outcome
- Mental Health Practitioners moving back into the 111 hub, providing clinical consultation
- Pharmacist coming online within the 111 hub, providing clinical consultation
- GP Navigator providing support and clinical consultation

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