Walsall Clinical Commissioning Group

Agenda item

HEALTH AND WELL BEING BOARD

8th September 2014

The Urgent and Emergency Care System in Walsall
The Vision and Outline Strategy

1. Purpose of the Report

1.1 To present the vision and outline strategy for the urgent and emergency care system in Walsall to ensure that the future system provides high quality, accessible and affordable urgent and emergency care across the local health economy.

2. Recommendations

2.1 The Health and Well Being Board is recommended to:

1. **Note** the vision and outline strategy for the urgent and emergency care system in Walsall;
2. **Note** that the outcomes of the public consultation and detailed modelling work is being evaluated and will be presented to the Health and Well Being Board in October/November 14;
3. **Note** that the outline strategy will be reviewed and further amended once the outcome of the public consultation and modelling work is available;
4. **Note** that the vision is based on the values set out in the CCGs 5 year strategic plan, the national urgent care review led by Sir Bruce Keogh, the Walsall Health and Well Being Strategy and the Better Care Fund;
5. **Note** that programme management arrangements will be established to take forward delivery of the strategy including identification of risks and their mitigating actions.
6. **Note** that the Health and Well Being Board will receive a further report on the outcome of the Urgent Care Review in October/November 2014.

3. Key Points

3.1 The outline strategy describes the vision for urgent and emergency care in Walsall to 2018/19;

3.2 The high level 'blue print' is evidence based and has been informed by the outcomes of extensive work with the public and stakeholders such as a listening exercise held earlier this year, a public consultation and work with key stakeholders including Health and Well Being Board, Health & Social Care Scrutiny and Performance Panel, Walsall Healthcare Trust, Walsall MBC and Dudley and Walsall Mental Health Partnership Trust;

3.3 There are two distinct phases of the strategy development process;

i. One describing the longer term plans detailed within this outline strategy;
ii. The second is to resolve immediate issues regarding the walk in centre services within the borough. A report detailing the full outcome of the urgent care review will be presented to the board in October/November 2014.

3.4 Our vision for urgent and emergency care has been developed with patients as follows:

"We're committed to ensuring patients receive:

- High quality urgent and emergency care services 24/7;
- Easy to access services;
- Support to get the right care in the right place at the right time;
- All in an integrated & simple system."

3.5 The outline strategy will be reviewed and further developed once the outcome of the public consultation and modelling work is available;

3.6 Programme management arrangements will be established to further develop the outline strategy document and will follow project management methodology (PRINCE 2 and MSP) including the identification of risks and mitigating actions. The Systems Resilience Group (SRG) will assure the delivery process.

4. Introduction

4.1 Urgent and emergency care has been in the spotlight for some time due to the pressures seen locally in Walsall but also nationally. From November 2013, the Urgent Care Review in Walsall has been undertaken to better understand how the existing urgent and emergency care system is working, what works well and how stakeholders and the public envisage improvements being made in the future. At the same time, a national review of Urgent Care has been undertaken, led by Sir Bruce Keogh. Both reviews have indicated that change is needed in the system;

4.2 At the CCG Governing Body meeting on 24th April 2014, members received and approved a report setting out a plan to develop a local future vision for urgent and emergency care in Walsall. The report was also presented to the Health and Social Care Scrutiny Panel and Health and Well Being Board in April 2014;

4.3 There are two distinct phases of the strategy development process:

- one covering the longer term plans for urgent and emergency care services detailed within this outline strategy; and
- the second is to resolve immediate issues regarding the walk in centre services within the borough.

4.4 The draft outline strategy has now been further developed (appendix attached to this report) and describes the high level 'blue print' to make the vision a reality by 2018/19;

4.5 The outline strategy will be reviewed and further developed once the outcomes of the Urgent Care Review are fully evaluated. A revised strategy document and report detailing the full outcome of the Urgent Care Review will be presented to the board in October/November 2014;

4.6 The outline strategy is based upon the principles set out in paragraph 2 below and is evidence based. It has taken into account the views of local people and stakeholders secured through significant engagement which included a listening exercise conducted earlier this year, site visits, market research, data and contracting outcomes, regular urgent care meetings and a recent 12 week public consultation

exercise to ensure the patient voice is at the heart of our plans. The draft outline strategy has received support from the CCGs Clinical Operational Group, the Improving Outcomes Board, the Systems Resilience Group and there has been an additional process of clinical engagement and senior officer sign off of the proposed urgent care model detailed in the outline strategy on page 12.

5. Purpose of the Outline Strategy

5.1 The strategy aims to improve the consistency and quality of urgent and emergency care in Walsall by coordinating and delivering a system that demonstrates a consistent high quality clinical practice and operational efficiency;

5.2 The outline strategy document has been developed to provide clarity around a single vision for Urgent Care across the Walsall health and social care system, to develop the features of the proposed vision so that they are understood by everyone and to articulate the system design for the future.

6. Strategic Direction - Principles

6.1 We will work together to achieve the five principals of the national Urgent Care review led by Sir Bruce Keogh:

- Provide better support for people to self-care;
- Help people with urgent care needs to get the right advice, right place, first time;
- Provide highly responsive out of hospital services so people don't chose to queue in ED;
- Ensure people with more serious or life threatening emergency needs receive treatment in specialist centres to maximise recovery;
- Ensuring that the urgent and emergency care system becomes more than just the sum of its parts through the creation of urgent care networks.

6.2 Principals that underpin the outline Urgent and Emergency Care Strategy for Walsall include:

- *Keogh standards for UCC's, 7-day working and pathway delivery have been implemented across the network;*
- *The skills of the staff are such that a consistent high quality service is provided*
- *Care plans for known patients are kept up to date and available at all urgent and emergency care access points so that a patients information is always available to those treating them;*
- *The environment is conducive to the delivery of good quality care*
- *There is a true Single Point of Access for health professionals, providing 24/7 access to physical , social and mental health services;*
- *Patients are able to easily navigate the urgent and emergency care system through NHS111 and will be clear about the scope of the service;*
- *Service design and operation is informed by equality and diversity considerations arising from thorough impact analyses;*
- *Patients will be treated in or as close to home as possible, minimising disruption and inconvenience for patients and their families;*
- *Emergency patients are treated in the most appropriate centre with the expertise and facilities in order to maximise their chances of survival and a good recovery - only patients with acute healthcare needs are admitted to an acute hospital;*
- *An integrated and simple system that is configured to provide highly responsive, effective and personalised out of hospital urgent care;*

- *Governance and management responsibility for improving quality and cost-effectiveness is clear and exercised;*
- *Urgent and emergency care services are connected into a cohesive network so the overall system is more than just the sum of its parts.*

7. Strategic vision

7.1 We have worked with patients to develop the strategic vision for Walsall:

We're committed to ensuring patients receive:

- **High quality urgent and emergency care services 24/7;**
- **Easy to access services;**
- **Support to get the right care in the right place at the right time;**
- **All in an integrated and simple system.**

7.2 The outline strategy focuses on creating effective joined up pathways of care and working across the existing boundaries to ensure that all patients are managed using agreed pathways, that no clinical decision is made in isolation and that mutual trust is developed in the system;

7.3 As described in detail on pages 14-17 of the outline strategy, in the next 3-5 years we are committed to ensuring people can:

7.3.1 Care for themselves at home by;

- ***Increasing self care*** *through improved access for patients who need advice, guidance and support to self care and to navigate the system through NHS111, Pharmacy services, 3rd sector, web services - focus on prevention and avoidance of demand such as expert patient programmes. With the active 'promotion' of services;*
- ***Enhance Pharmacy services*** *including identifying patients with poor control over long term conditions and minor ailment schemes;*
- ***Extend paramedic training and skills****, to develop 999 ambulances into mobile urgent treatment services capable of dealing with more people at the scene, and avoiding unnecessary journeys to hospital;*
- ***Work towards a reduction in bed based resources*** *with a shift to community care/care closer to home;*

7.3.2 Know where best to go for their needs by calling NHS111;

- ***Working to develop an improved NHS111*** *that will be able to directly book an appointment with urgent care services including a booked call back from GP, a community pharmacist review, an appointment at the UCC, an appointment with GP OOH, a home visit and in the future, an appointment at A&E or directly dispatch an ambulance;*

7.3.3 Have better access to GP practices by;

- ***Improving timely, same day access to general practice for urgent care*** *through increased use of telephone advice, web & video services, text reminders, 7 day working and actively working to reduce Did Not Attends (DNA's). Working with Healthwatch & PRG groups;*

7.3.4 Ensure that all long term condition patients have a care plan;

- ***All community patients will have multi-disciplinary care plans*** *that are understood by the patient and HCP;*
- ***Develop effective and joined up pathways of care & care planning/plans across organisational boundaries*** *that are communicated to staff and patients including flow diagrams and protocols particularly for LTC's, End of Life, Mental Health, Social Care, UTI's, Pregnancy (urgent pathway), Respiratory, Circulatory, Digestive Conditions, Dehydration, Constipation, Chest Infections, Pain, Confusion, DVT;*

7.3.5 Experience joined up and integrated urgent and emergency care services by:

- ***Developing a true Single Point of Contact telephone service for all urgent care referrals*** *to divert referrals to the most appropriate place for their care (admission avoidance). This will include further development of the Community locality single point of access and development of 5 community locality health & social care teams (serving approx. 50k population) to divert activity to the most appropriate service across the system;*
- ***Introduce a GP led UCC at the front door of ED (with integrated governance)*** *with the consistent streaming of patients to most appropriate setting e.g. NHS111, SPA (diversionary pathways), UCC, ED, Ambulatory Care Unit, Frail Elderly unit, short stay wards. [The outcome of the Urgent Care Review expected in October/November 2014 will identify if there is a need for a second urgent care centre in the borough and its required location];*
- ***Development and delivery of step up/step down models of care*** *including rapid response, hospital avoidance, specialist pathways and discharge to assess models;*
- ***Improved discharge planning*** *including Expected Date of Discharge (EDD) within 48 hours of admission (at all access points), daily board rounds/Multi-Disciplinary meetings (MDT), acceptance of MDT assessments and improved communication with locality health & social care teams;*
- ***A multidisciplinary approach to effective discharge arrangements*** *including 'discharge to assess' focussing on returning to usual place of residence with care and support, weekend discharge rounds, enhanced transport, section 2/ section 5 arrangements, Continuing Health Care assessments/Decision Support Tool (DST) for complex patients, mental health assessments.*

7.4 Further detail can be found on pages 14-17 of the outline strategy document.

8. High level Strategic Aims

8.1 There is still work to do to specify the service models and operationalise the outline strategy but collectively these will deliver an integrated urgent care system which is more robust and sustainable through:

- Increasingly delivering activity outside of acute hospital setting;
- Reduction in the reliance on bed based resources to deliver care;
- Expansion of community based alternatives;
- Develop relationships with the voluntary sector;
- Greater public and stakeholder involvement and engagement.

9. Measuring Success

9.1 High level strategic aims have been developed as examples of the system metrics that could be used to take forward the vision. Further work is required with stakeholders to agree the most appropriate integrated operational metrics for the system. However, the first draft of system wide metrics include:

- To ensure the consistent delivery of the 95% access target;
- To reduce emergency admissions by 15% over 5 years;
- Up to 50% of WMAS patients to be treated at the scene;
- 10% reduction in permanent care home placements.

9.2 The strategy delivery programme will be underpinned by the further development of the integrated urgent care dashboard. All pathway redesign projects will have key metrics which can be used to monitor and measure performance and impact on the delivery of the strategic aims.

9.3 Programme management arrangements will be further developed to deliver the strategy, further details can be found on page 23. Work has already been undertaken to take forward the short term urgent care strategic priorities as part of the Systems Delivery Plan.

10. Key Risks

10.1 Without the right arrangements in place, the unsustainable pressures being experienced in the system will continue to result in more people using urgent care services such as ED as an alternative to their GP practice, patients waiting longer to be seen and treated and key quality measures continuing to be missed. It has been imperative that we have collectively identified the vision for an integrated urgent and emergency care system and all partners work towards its delivery;

10.2 The timescale for delivery of the programme has been set so that we can ensure continuity of service provision from April 2015, and that a Strategy is developed to describe the joined up response required for the next 3-5 years and is ready to begin implementation prior to winter.

11. Next Steps

11.1 The outline strategy provides the details of how we need different parts of the urgent and emergency care system to be redesigned;

11.2 A decision is required regarding the future urgent care walk in service provision across the Borough for both the EUCC and the WIC due to the contract expiry date of 31st March 2015 for both services. The outcomes of the public consultation and further modelling work will be fundamental in identifying what future service provision and physical location is required for urgent care walk in services in Walsall.

11.3 Once the outcome of the Urgent Care Review is available, the outline strategy will be reviewed and revised (where necessary). The revised strategy and the outcome of the review will be presented to the board in October/November 2014;

11.4 A high impact change plan will be developed once the strategy is approved in October/November 2014.

12. Conclusion

12.1 Further to the local and national Urgent Care Review, it is clear that improvements in the system are required to manage the increasing activity but also to ensure service delivery is in line with the national direction of travel as described by NHS England. The outline strategy describes the high level vision for services to be in place by 2018/19;

12.2 The aim of the outline strategy and the Urgent Care Review has been to better understand the existing urgent and emergency care service provision in Walsall. Our plans ensure that the future system will provide high quality, accessible and affordable services for the local health economy whilst also ensuring the capacity and capability to flex to manage surges in activity;

12.3 People have told us that they want us to improve access and integration across services for people with urgent healthcare needs, by ensuring the system is well communicated and simpler to navigate. We want to continue to ensure that services are available at the right place, the right and first time for all patients using our services.

13 For further information, please contact:

- **Dr Anand Rischie**
  Urgent Care Clinical Lead, Walsall CCG

- **Phil Griffin**
  Strategic Lead – Transformation and Service Redesign, Walsall CCG

- **Roxanna Modiri**
  Programme Manager, Urgent Care, Walsall CCG

Improving Health
and Wellbeing for Walsall

DRAFT

The Urgent & Emergency Care System in Walsall – Vision and Outline Strategy

August 2014

V0.9

NHS

Walsall Clinical Commissioning Group

Contents

Foreword

- This outline strategy is intended to describe the future integrated urgent and emergency care system in Walsall and is based on our collective understanding of the health and social care needs of the people using our services. We will update and refresh our approach as needs change in the future;
- We have worked extensively with patients and stakeholders to understand what they think works well and what improvements can be made;
- There are significant challenges being faced in the system at present, for instance increasing demand and some people tell us they are confused about which parts of the system they should use when they have an urgent need;
- This outline strategy is a 'blue print' for transformation and a plan for change, moving us from where we are now to a better state in the future;
- We recognise that this document is a high level vision and further work is required to model patient flows, workforce and financial implications. A version will also be developed for 'patients with patients' once approved;
- We must all make the best use of resources to achieve the best outcomes for people using our services.

We recognise that we can only do this by '**working together'** to improve the local urgent and emergency care system over the next 5 years from 2014 to 2019.

Outline Strategy Signatories

Walsall NHS Clinical Commissioning Group
Name: **Dr Anand Rischie**

For and on behalf of WCCG

Walsall Healthcare NHS Trust (WHT)
Name

For and on behalf of WHT

Walsall Council – Public Health
Name

For and on behalf of Walsall Public Health

Walsall Metropolitan Borough Council (WMBC)
Name

For and on behalf of Walsall Council

Dudley and Walsall Mental Health Trust (DWMHT)
Name

For and on behalf of DWMHT

West Midlands Ambulance Service NHS Trust (WMAS)
Name

For and on behalf of WMAS

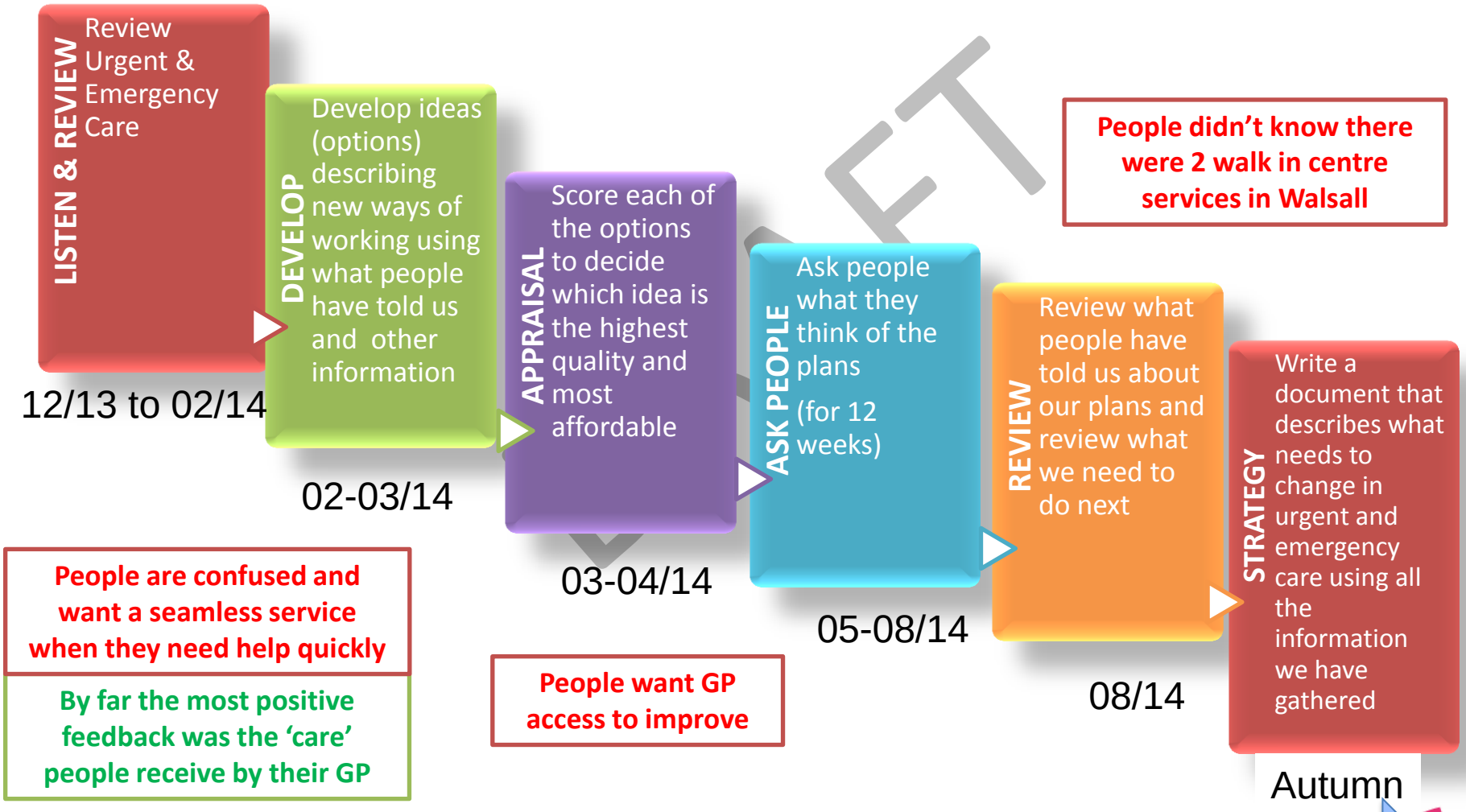
Introduction & purpose

- Our aim is to improve the consistency and quality of urgent and emergency care in Walsall by coordinating and delivering a system that demonstrates consistently high quality clinical practice and operational efficiency;
- Focus on creating effective joined up pathways of care and working across the existing boundaries to ensure that all patients are managed in a simpler system using agreed pathways, that no clinical decision is made in isolation and that mutual trust is developed in the system;
- The Walsall Operational Urgent Care Network will work together to achieve the five principals of the national Urgent Care review led by Sir Bruce Keogh:
    1. Provide better support for people to self-care;
    2. Help people with urgent care needs to get the right advice, right place, first time;
    3. Provide highly responsive out of hospital services so people don't chose to queue in ED;
    4. Ensure people with more serious or life threatening emergency needs receive treatment in specialist centres to maximise recovery;
    5. Ensuring that the urgent and emergency care system becomes more than just the sum of its parts through the creation of urgent care networks.

The purpose of this document is to:

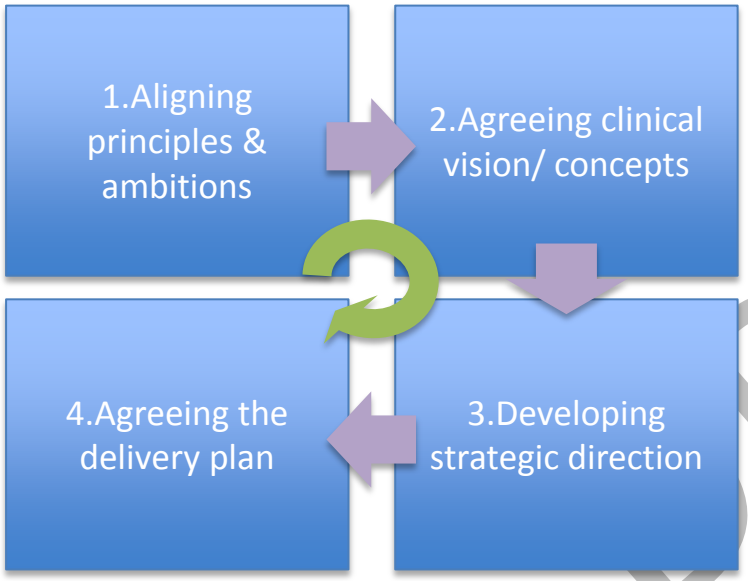
- Provide clarity around a single vision for Urgent Care across the Walsall health and social care system;
- Develop the features of the proposed vision so that they are understood by everyone;
- To articulate how the system should work in the future;
- Indicate the approach to implementing the outline strategy.

Urgent & Emergency Care Strategy Development inc. the Urgent Care Review

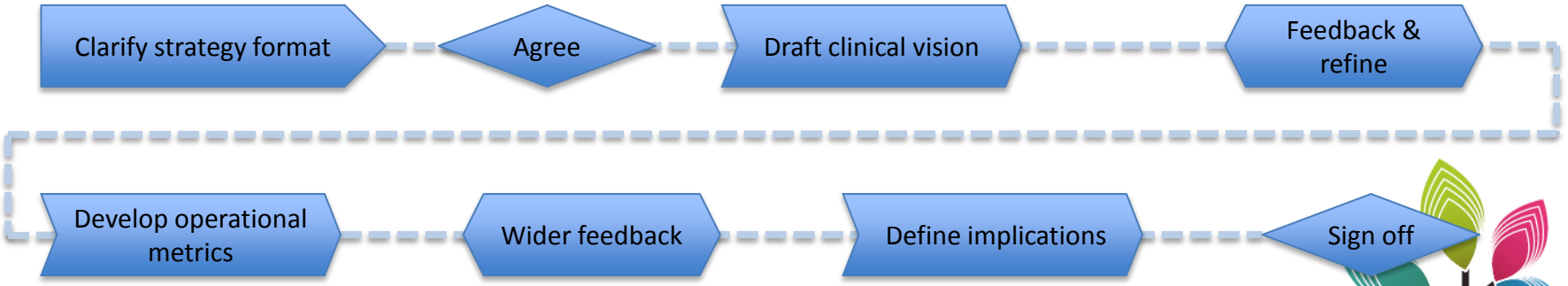


Strategy development approach

This outline strategy has been developed using a simple approach that has been underpinned by staff and patient engagement:



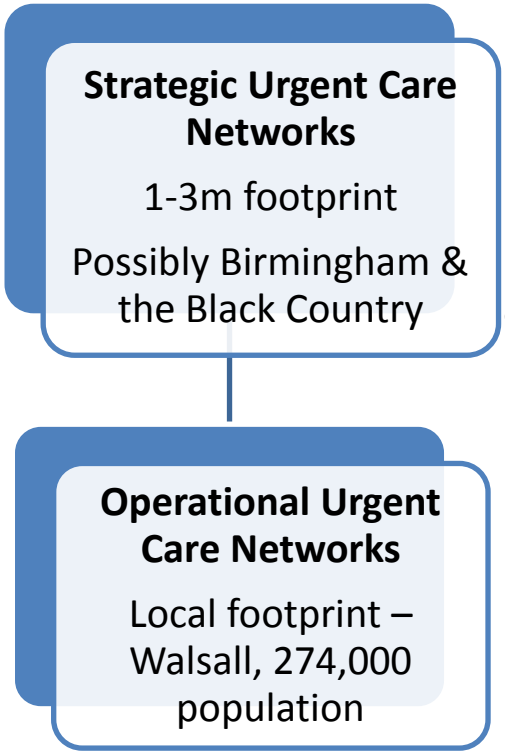
1. Working in partnership;
2. Create one 'blueprint' for urgent care in Walsall;
3. Clinically led supported by senior leaders from all partners – drive consensus;
4. Start with small number of architects – grow engagement and input as we go;
5. Output – high level outline strategy that is brief, understandable and deliverable;
6. Adaptable to local needs and further developed based on feedback;
7. Development of a high impact change plan to implement the strategy.



Governance for delivery

The overall aims of Urgent Care Networks are to improve the consistency and quality of urgent and emergency care nationally. Urgent Care Networks will function at two levels: strategically and operationally:

Urgent Care Networks

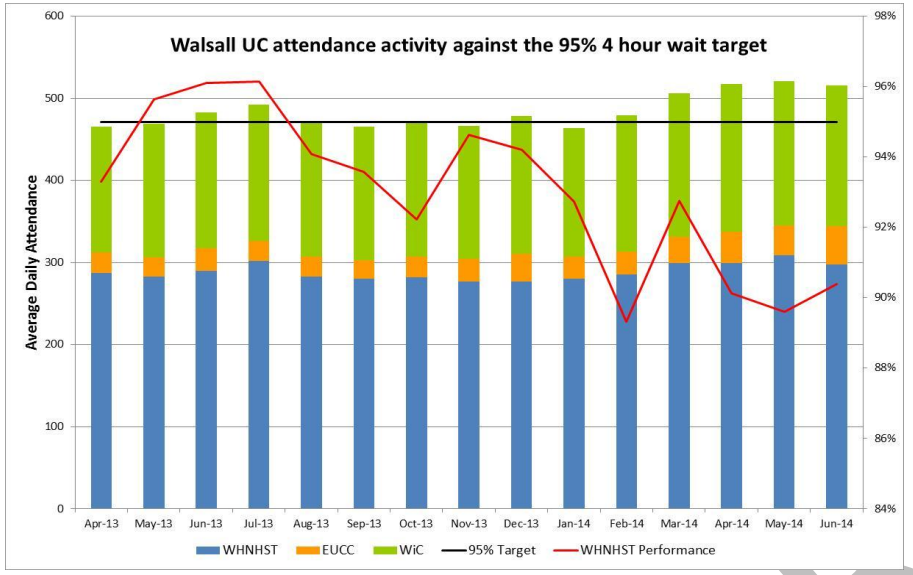


Strategic Urgent Care Network – Birmingham & the Black Country - in 2014/15, the CCG will continue to work with Birmingham the Black Country leaders to establish the Strategic Urgent Care Network required to plan, oversee and monitor network performance.

Walsall's Operational Urgent Care Network (Systems Resilience Group - SRG) - the CCG will lead on the establishment of the newly formed Walsall Operational Urgent Care Network with a clear membership structure and terms of reference further to national guidance expected from the National Urgent Care review in late 2014. The existing SRG will continue to provide this governance until further clarity is available.

As an Operational Urgent Care Network, we will focus on achieving the best health outcomes and highest quality urgent and emergency care services, regardless of the organisation commissioning or providing the service.

Current state



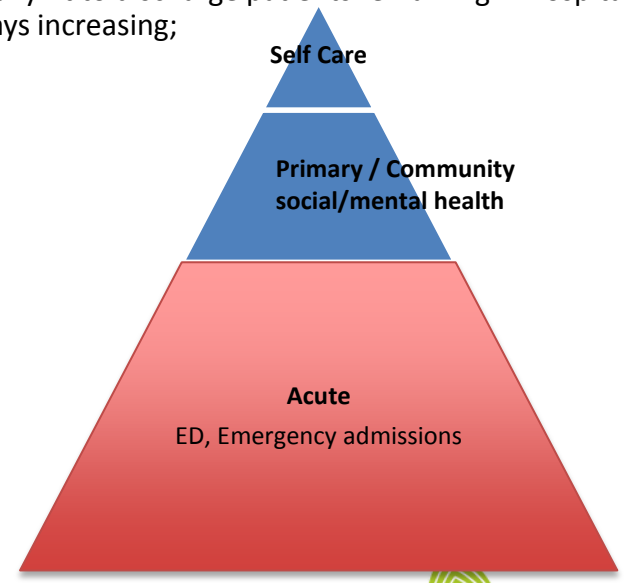
Confusion & poor communication

- Variation in GP access & use of NHS111 and pharmacies;
- Patient & staff confusion and lack of understanding of the scope of multiple access points & operating hours for urgent care;

Increasing activity & significant delays

- Growth in total ED attendances and Emergency admissions with difficulties in the system achieving the 95% 4 hour target & no dedicated, purpose-designed ambulatory care unit;
- Patients waiting longer for urgent GP appointments, in ED, or when they call for an ambulance (some patients unnecessarily conveyed to ED);
- Mental Health patients admitted to acute hospital rather than appropriate mental health services;
- Number of medically fit to discharge patients remaining in hospital rising, LOS >28 days increasing;

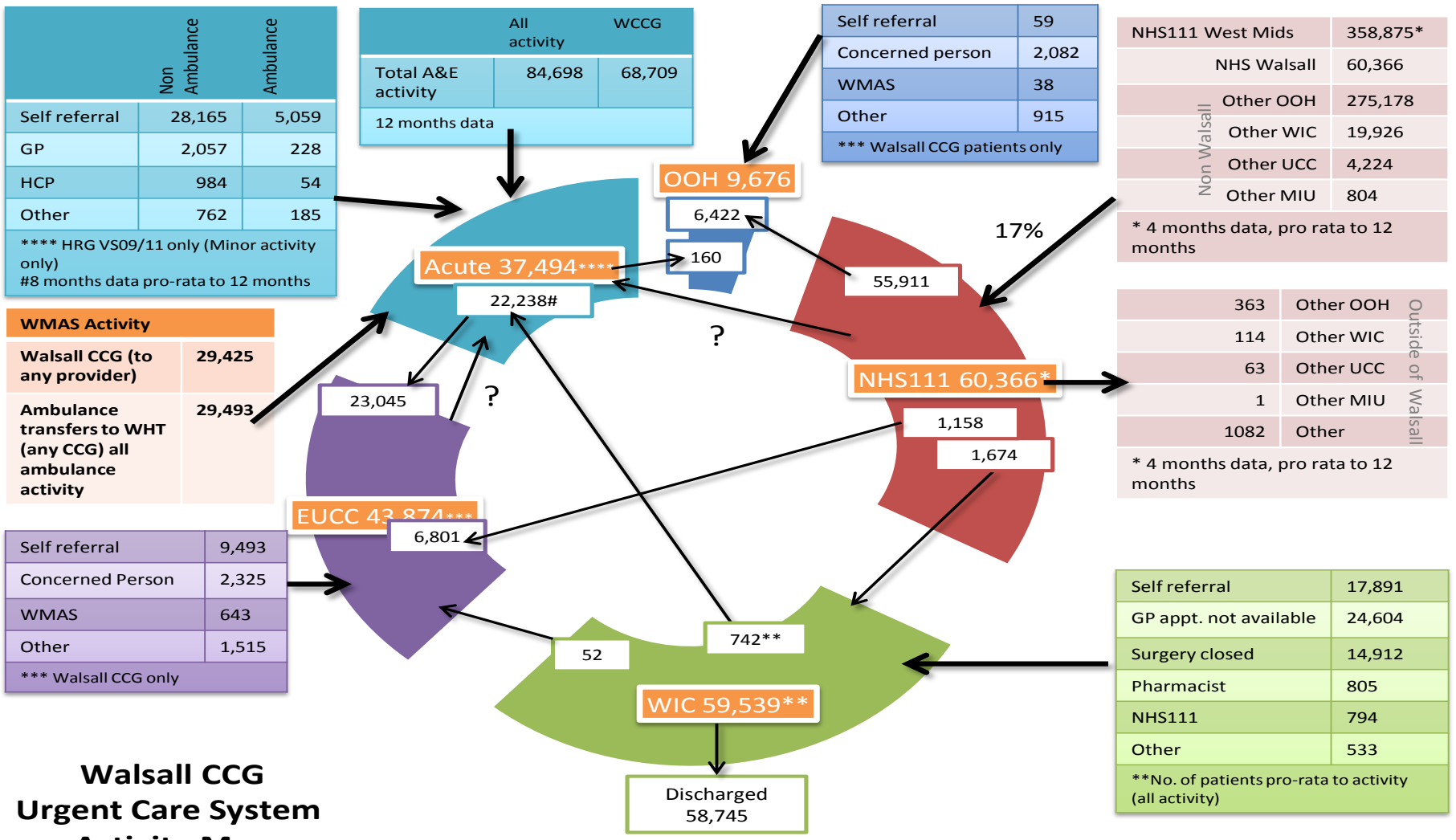
- Current ED designed for half of current workload and not designed to today's standard;
- Overspend in emergency admissions - alternatives not always available or used;



Significant contract, process & demographic issues

- Lack of routine use of streaming process at front door of ED;
- Sub optimal discharge processes – discharge planning and DTOC not always identified early enough in the process and some delays due to transport, TTO's;
- EDD not routinely identified early in the admission process;
- Limited mental health services out of hours & response times for urgent care services (ED & UCC's) currently 6 hours;
- Service contracts for the WIC, EUCC and OOH Contracts due to expire in 2015 & the WIC building part of town centre regeneration;
- Areas of significant deprivation and wide health inequalities, coupled with changing demographics and high level of long term illness, which will continue to grow.

Existing System Complexity



Walsall CCG Urgent Care System Activity Map

The map above shows the complexity of patient flows across the system. Differing data collection and reporting systems make it difficult to identify a true and accurate reflection of patient flows, for example, it is not possible to demonstrate the urgent care activity seen at GP Practices. This must be addressed in the future system. Data exclusions on the map above include GP practice activity, social care, pharmacy, community services, emergency hospital admissions and mental health activity. Data: 2013/14

Future state - Vision for Urgent Care – What does good look like?

We're committed to ensuring patients receive;

High quality urgent and emergency care services 24/7;

- Keogh standards for UCC's, 7-day working and pathway delivery have been implemented across the network;
- The skills of the staff are such that a consistent high quality service is provided
- Care plans for known patients are kept up to date and available at all urgent and emergency care access points so that a patients information is always available to those treating them;
- The environment is conducive to the delivery of good quality care

Easy to access services;

- There is a true Single Point of Access for health professionals, providing 24/7 access to physical , social and mental health services;
- Patients are able to easily navigate the urgent and emergency care system through NHS111 and will be clear about the scope of the service;
- Service design and operation is informed by equality and diversity considerations arising from thorough impact analyses;

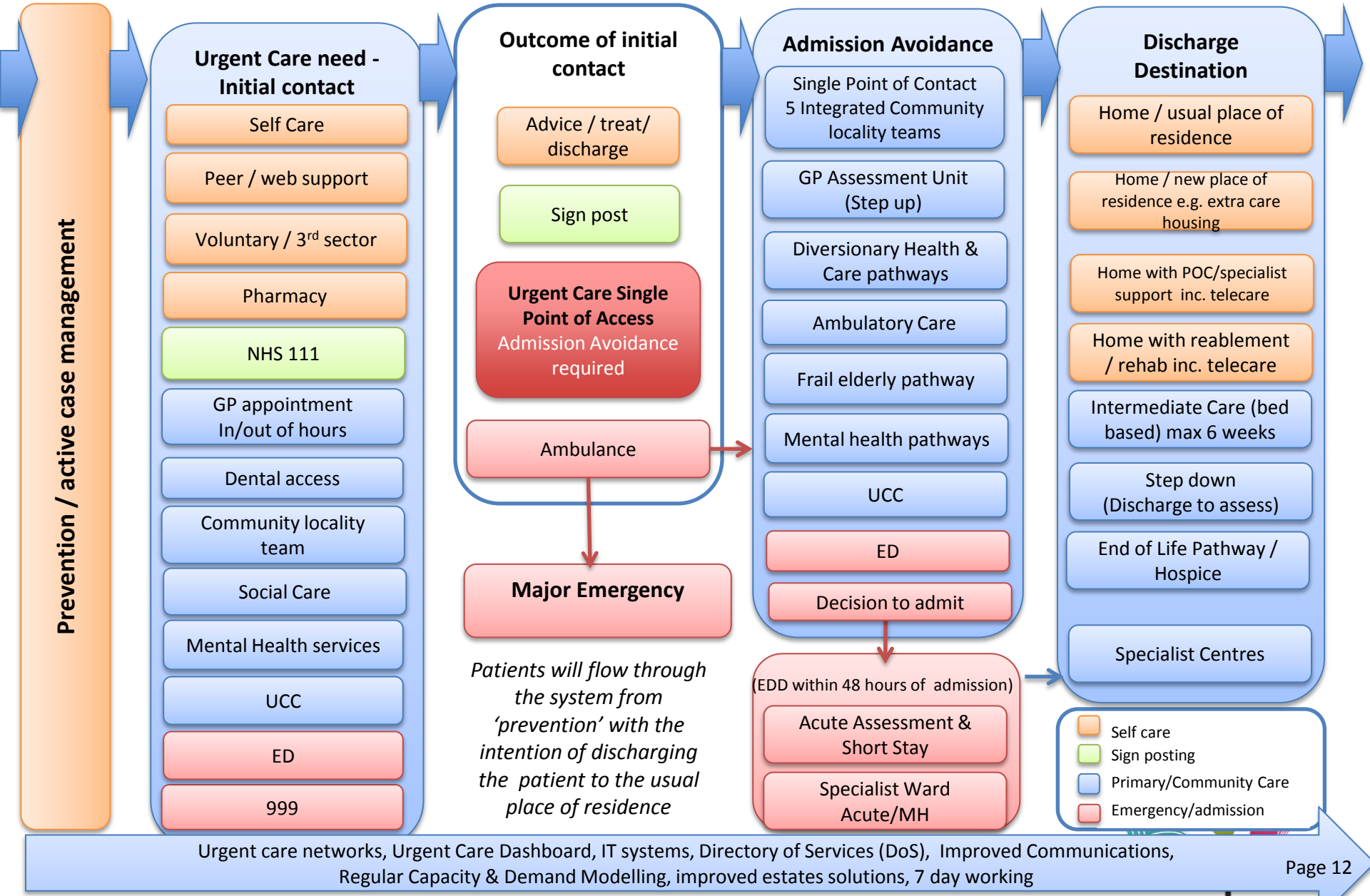
Support to get the right care in the right place, at the right time;

- Patients will be treated in or as close to home as possible, minimising disruption and inconvenience for patients and their families;
- Emergency patients are treated in the most appropriate centre with the expertise and facilities in order to maximise their chances of survival and a good recovery - only patients with acute healthcare needs are admitted to an acute hospital;

All in an integrated & simple system

- An integrated and simple system that is configured to provide highly responsive, effective and personalised out of hospital urgent care;
- Governance and management responsibility for improving quality and cost-effectiveness is clear and exercised;
- Urgent and emergency care services are connected into a cohesive network so the overall system is more than just the sum of its parts.

Integrated Urgent & Emergency Care Pathway v5



Links to wider system strategies

Managing urgent care differently is a key programme of work. The following documents will be key in delivering a unified urgent care system:

1. NHS England - National Review of Urgent Care
2. Walsall Health and Well Being Strategy
3. The Better care fund
4. WCCG Strategic Plan
5. Primary Care & Community Strategies
6. Long term conditions strategy
7. Mental health & Dementia strategies
8. Palliative & End of life strategy
9. Ambulance service strategy
10. Older people and vulnerable adults market statement
11. Homelessness Strategy (inc. travelling communities)
12. Domestic abuse strategy
13. Social care strategy
14. Children's Strategy
15. Strategy for Care Homes
16. Learning disabilities strategy
17. Complex care strategy
18. Housing Strategy
19. Planned care strategy
20. Carers Strategy

Vision: Urgent Care Need - Initial contact

Features:

- **Increased self care**: improved access for patients who need advice, guidance and support to self care and to navigate the system through NHS111, Pharmacy services, 3rd sector, web services - focus on prevention and avoidance of demand such as expert patient programmes. Active 'promotion' of services;
- **An improved NHS111** that will be able to directly book an appointment with urgent care services including a booked call back from GP, a community pharmacist review, an appointment at the UCC, an appointment with GP OOH, a home visit and in the future, an appointment at A&E or directly dispatch an ambulance;
- **Improve timely, same day access to general practice for urgent care** through increased use of telephone advice, web & video services, text reminders, 7 day working and actively working to reduce DNA's. Working with Healthwatch & PRG groups;
- **Enhance Pharmacy services** including identifying patients with poor control over long term conditions, minor ailment schemes and promote working with the LPC;
- **Improve the use of 3rd sector services** such as Age Concern, Diabetes UK;
- **Re-procure new Urgent Care Centre (s) – location to be agreed**;
- **Active use of the Q Admissions risk stratification tool** for the top 2% of all patients on practice list with active case management & management plans;
- **Reduce hospital admissions due to medicines** through systematic identification across primary care of patients at high risk with support from practice based pharmacists
- **Review & refine additional clinical capacity at all GP practices for patients over 75 years**, working closer with community teams to have one integrated list across primary and community care
- **Working in partnership to raise quality standards across care homes** through effective monitoring and assessment, and delivery of clinical skills training;
- **Develop and deliver an effective carers strategy for Walsall including a training programme for carers** in basic observations and when to call for help or advice;
- **Increase the number of patients treated at the scene** (inc. home) or taken to UCC by the ambulance service (where appropriate). Only emergency patients transported to ED;
- **Effective monitoring and response on immediate changes in public health** for serious public health concerns such as Bird Flu together with comprehensive flu campaign delivery;
- **Extend paramedic training and skills, to develop 999 ambulances into mobile urgent treatment** services capable of dealing with more people at the scene, and avoiding unnecessary journeys to hospital.

Vision: Admissions Avoidance

Features:

- **Develop a true Single Point of Contact** telephone service for all urgent care referrals to divert referrals to the most appropriate place for their care (admission avoidance). This will include further development of the Community locality single point of access and development of 5 community locality health & social care teams (serving approx. 50k population) to divert activity to the most appropriate service across the system;
- **Rapid response from community services** to GP, UCC and ED for patients who present with health, mental and social care needs and in particular frail elderly in crisis;
- **All community patients to have multi disciplinary care plans** that are understood by the patient and HCP;
- **Timely & extended access (in and out of hours) to integrated locality community, mental health & social care teams** support for urgent care needs;
- **Development and delivery of a comprehensive Care Homes strategy** including care homes being integrated with locality community teams;
- **Develop alternative pathways to ambulance conveyance** including early alert pathway, end of life;
- **All GP practices to have a named community nursing contact**;
- **Locality Community Team response times to UCC & ED for all responding services to be within 2 hours of referral** (particularly case managers, mental health crisis response and social care);
- **Development and delivery of step up/step down models of care** including rapid response, hospital avoidance, specialist pathways and discharge to assess models;
- **Develop effective and joined up pathways of care & care planning/plans across organisational boundaries** that are communicated to staff and patients including flow diagrams and protocols particularly for LTC's, End of Life, Mental Health, Social Care, UTI's, Pregnancy (urgent pathway), Respiratory, Circulatory, Digestive Conditions, Dehydration, Constipation, Chest Infections, Pain, Confusion, DVT;
- **Pro-active identification and case management of frequent attenders** by locality community teams;
- **Expansion of community based alternatives and admissions avoidance schemes to support care closer to home** including improved access to advice from senior clinical decision maker's in or out of hospital.

Vision: Attendance, Admission & Discharge

Features:

- **Introduction of GP led UCC at the front door of ED (with integrated governance) with the consistent streaming of patients** to most appropriate setting e.g. NHS111, SPA (diversionary pathways), UCC, ED, Ambulatory Care Unit, Frail Elderly unit, short stay wards;
- **New Ambulatory Care Unit and associated pathways** (as default rather than inpatient beds) and membership of the ambulatory emergency care network;
- **New Frail Elderly Unit and associated pathways with the pro-active management of frail older patients** to maximise 24-48 hour stays;
- **A reduction in bed based resources** with a shift to community care/care closer to home;
- **Maximise senior clinical presence & early senior clinical assessment** (including evenings & weekends);
- **Develop the GP to consultant conversation pathway** for consultant advice/discussion to avoid emergency admissions;
- **Consistent consultant led rapid assessment & treatment system with senior clinical decision to admit**;
- **Improved discharge planning including EDD within 48 hours of admission** (at all access points), daily board rounds/MDT meetings (social care to include housing), acceptance of MDT assessments and improved communication with locality health & social care teams;
- **Joint additional pharmacy capacity at WHT to ensure rapid discharge** through timely supply of TTO's and Compliance Aids same day (before 12 noon);
- **Embedded use of the medicines safety thermometer** on all speciality wards;
- **Develop pathways for rapid access to diagnostics (with 1 hour response)** for UCC, ED, Ambulatory Care Unit, Frail Elderly Unit, Acute Assessment & Short Stay;
- **Multi disciplinary approach to effective discharge arrangements** including 'discharge to assess' focussing on returning to usual place of residence with care and support, weekend discharge rounds, enhanced transport, section 2/ section 5 arrangements, Continuing Health Care assessments/Decision Support Tool (DST) for complex patients, mental health assessments;
- **Rapid discharge pathways** e.g. Amber Care Pathway for End of Life patients;
- **Pro-active intervention for frequent attenders** by community nursing in reach teams;
- **Escalation beds should only be used at times of surge** and only to be used in a proactive and planned way;
- **Develop a consistent approach to risk and decisions across health and social care** around treatment and discharge.

Vision: System enablers

Features:

- **Development of urgent care networks**: strategic & operational;
- **Continue to work with and detailed analysis with partner CCG's** to adequately identify and manage changes in patient flows as a result of wider than Walsall system changes;
- **Continued development and delivery of the system Urgent Care Dashboard & develop system wide performance metrics;**
- **Access to summary patient record**, including diagnosis and current medications at all access points;
- **Fully developed Directory of Services** (to support NHS111, SPA/integrated community teams)
- **Improved communication across the system for patients, staff and carers making every contact count (MECC)** through use of regular marketing campaigns, patient education, regular marketing messages, staff site visits to 'other' UC services, sharing of best practice and effective IT systems;
- **Programme management methodology embedded** across all organisations;
- **Embed regular capacity & demand modelling** at all service points across the system (people, tests, procedures);
- **7 day working for essential services and support services;**
- **System wide acceptance of multi disciplinary assessments/**assessments made by different health and social care teams;
- **Integrated/joint commissioning arrangements** where appropriate;
- **Develop & agree a method to manage patient expectations, patient safety and patient experience** at all access points**;**
- **Identify and implement the appropriate workforce and estates solutions to deliver the strategy;**
- **Actively work with partners, Healthwatch, PRG's & patients to promote & continuously improve services** including continuous engagement with protected characteristic groups, people who are isolated, migrant populations, the homeless and travelling communities;
- **Ensure routine and consistent equality data collection, monitoring and analysis** at all urgent care access points and implement changes as a result;
- **Work towards a revised payment approach for urgent and emergency care** based on the national changes expected in 2016/17.

Operational metrics

The metrics displayed below have been developed as examples that could be used to take forward the vision. It is imperative that the urgent care system work towards the same Strategic Aims. Once the vision is approved, further work is required with stakeholders to agree the most appropriate integrated operational metrics for the system that include the appropriate pathway specific, quality and health outcome metrics.

Strategic Aims

- A. Consistent delivery of 4 hour access target
- B. 15% reduction in emergency admissions (over a 5 year period)
- C. Up to 50% of WMAS patients to be treated at the scene
- D. 10% reduction in permanent care home placements

Operational objectives

Initial Contact Zone	Admission Avoidance	Admission & Discharge
1. 95% patients receive same day urgent care GP consultation (1/12 data)	*6. Aim for 100% of GP practices to have a named community nurse contact (3/12 data)*	*11. 25% medical intake treated through ambulatory care unit*
2. At least 95% of minor ailments will be managed through community pharmacy (3/12 data)	*7. Aim for 100% GP practices to have a register of top 2% patients 18+ at high risk of admissions (3/12 data)*	*12. 100% patients have an EDD within 48 hours of admissions*
3. 100% of over 75's to have a named accountable GP (12/12 data)	*8.Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services*	*13. Increased % of patients discharged by 12 noon and by 5pm on their day of discharge*
4. 100% patients to have NHS number recorded	*9. 100% of GP practices to identify patients at high risk of admissions due to medicines (3/12 data)*	*14. Walsall standardised emergency admission rate at or below the expected level*
5. WMAS to increase Paramedic skill mix to 75% by March 2015	*10. 65% of patients admitted will be short stay (less than 2 midnights)*	*15. Reduction in Delayed transfers of care (delayed days) from hospital*

NB Baselines to be agreed
Some data sources will be reliant upon outside sources

Key changes

From:

Confusion & poor communication

- Variation in GP access & use of NHS111 and pharmacies;
- Patient & staff confusion and lack of understanding of the scope of multiple access points & operating hours for urgent care;

Increasing activity & significant delays

- Growth in total ED attendances and Emergency admissions with difficulties in the system achieving the 95% 4 hour target & no dedicated, purpose-designed ambulatory care unit;
- Patients waiting longer for urgent GP appointments, in ED, or when they call for an ambulance (some patients unnecessarily conveyed to ED);
- Mental Health patients admitted to acute hospital rather than appropriate mental health services;
- Number of medically fit to discharge patients remaining in hospital rising, LOS >28 days increasing;
- Current ED designed for half of current workload and not designed to today's standard;
- Overspend in emergency admissions - alternatives not always available or used;

Significant contract, process & demographic issues

- Lack of routine use of streaming process at front door of ED;
- Sub optimal discharge processes – discharge planning and DTOC not always identified early enough in the process and some delays due to transport, TTO's;
- EDD not routinely identified early in the admission process;
- Limited mental health services out of hours & response times for urgent care services (ED & UCC's) currently 6 hours;
- Service contracts for the WIC, EUCC and OOH Contracts due to expire in 2015 & the WIC building part of town centre regeneration;
- Areas of significant deprivation and wide health inequalities, coupled with changing demographics and high level of long term illness, which will continue to grow.

To:

Improved communication & processes

- Clear and communicated (to patients and staff) access points for urgent care needs 24/7;
- Improved communication across the system for patients, staff and carers through use of patient education, regular marketing messages, staff site visits to 'other' UC services, and IT systems;
- Improved discharge planning including EDD on admission, regular MDT meetings and improved communication with health & social care teams;
- UCC, OOH & ambulatory care unit implemented and reduction in the reliance on bed based resources to deliver care;
- Expansion of community based alternatives; and admissions avoidance schemes including improved access to advice from senior clinical decision maker's in or out of hospital;

Joined up care outside & in hospital

- Develop effective joined up pathways of care & care planning/plans across organisational boundaries - that are communicated to staff & patients;
- A single point of access for urgent health and social care needs;

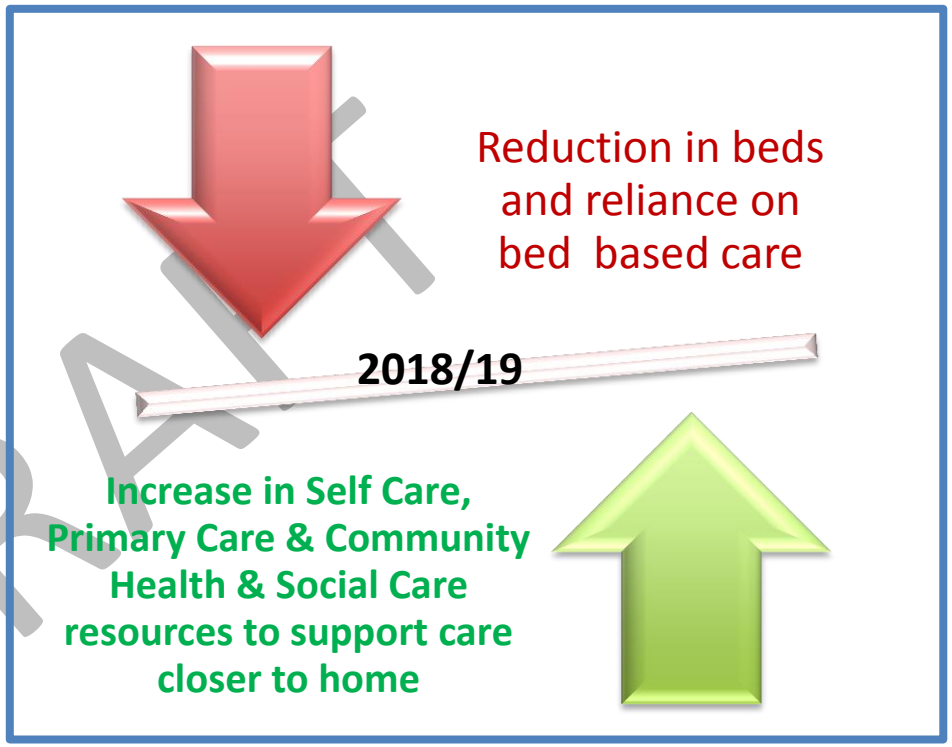
Improved self, primary and community care

- Improved use of pharmacy , 3rd sector and NHS111 to increase patients who self care or need advice, support and guidance;
- Timely & extended access to general practice (working with PRG's) & community integrated H&SC teams for urgent care needs;
- Increasingly patients treated at the scene (inc. home) or taken to UCC by the ambulance service (where appropriate). Only emergency patients transported to ED;
- Rapid response from community services to GP, UCC and ED for patients who present with health, mental and social care needs.

Shift from Bed Based Resources to Care Closer to Home

Linked to the integrated Better Care Fund:

Our vision is to maintain and where possible improve the independence, health and well being of the people of Walsall. In doing so we aim to reduce the prevalence of emergency admissions to hospital and to reduce the number of people who are receiving ongoing social care services, especially admissions to care homes by encouraging and supporting self care, keeping people at home as long as possible and returning them home swiftly following an episode of bedded care.



Outcomes	Benefits
➢ Increased self care – supporting a change of culture for patients	➢ Empowering people to self care and moving towards planned care to prevent urgent needs arising
➢ Improvements in Primary Care & Community resources	➢ Care Closer to home / Keeping people at home
➢ Reduction in bed based resources	➢ Right care, right place, right time.

Implications: Workforce

From:

- Fully understand workforce implications across providers of shifting activity from bed based resources to care closer to home;
  - Understand & establish workforce baseline;
  - Understand working patterns/management of change considerations;
  - Understand competencies/capabilities;
  - Identify duplication;
  - Develop workforce plan;
  - Move from risk adverse model;
  - Dependence on temporary staff;
  - Develop training plan including equality awareness training.

To:

- Comprehensive staffing plan developed;
- New roles & responsibilities developed and realign specific staffing groups to ensure earlier and more effective patient assessment;
- Strong partnership working with higher Education institutions;
- Work together with providers to ensure workforce reflects ever changing patient flows and heightened escalation. Including cover for medical, nursing, allied health professionals and operational staffing;
- Deliver required competencies/capabilities;
- Improvements in equality advice, data capture and monitoring;
- Reduced duplication – alignment, integration, working together;
- Move to a model that manages risk;
- Deliver management of change/transition process;
- Recruitment to key posts and countermeasures if successful recruitment is unlikely;
- Right person/team, doing the right job at the right time.

Implications: Finance & contractual

From

- Over performance on emergency admissions;
- Significant cost pressures and cost reductions required across the system;
- Cost and volume payment structure;
- A need to reinvest resources to reflect changing patient flows and care closer to home across the system;
- A need to work with CCG partners to adequately resource and support changing activity flows from across the Walsall boarder.

To

- Work towards a revised payment approach for urgent and emergency care based on the national changes expected in 2015/16 and/or 2016/17;
- 15% reduction in emergency admissions;
- Revised contracting models to promote integrated working;
- Working together to resolve financial constraints across the system;
- Reinvest resources to reflect activity changes such as investment in community services;
- Support the development of fit for purpose estates solutions.

Making it happen

Critical path

- Sept 14 - Agree in principal 'blue print' for urgent care – Governing Body, H&WBB, HSPP
- Sept 14 - Board development sessions – CCG, WHT, WMBC, DWMHT, WMAS
- Sept/Oct 14 – Workshops with staff on 'blue print'
- Oct 14 – revise outline strategy based on feedback and a review of the outcome of the Urgent Care Review
- Oct/Nov 14 - Develop high impact change plan/programme
- Oct/Nov 14 – work with Healthwatch to develop 'patient friendly' version of strategy
- Nov/Dec 14 - Finalise 'blue print' & publish strategy including 'patient friendly version'

Delivery structures/ programme management

- Sept 14 - Develop & agree network structures
- Sept 14 – Design 'collective organisational' programme structure & strategy review process
- Sept 14 – Jointly assign UC Strategy programme management team/Programme Management Office (PMO)
- Sept/Oct 14 - Assign programme leads (both clinical/project management)/delivery timescales
- Sept/Oct 14 – Undertake workforce, activity/finance, patient flow & IT modelling
- Aug-Oct 14 – Undertake an estates review to identify the requirements to deliver the vision
- Sept/Oct 14 – Develop risk log and mitigating actions
- Oct 14 - Agree programme methodology and documentation across all organisations

Performance management

- Aug 14 – agree dashboard
- Sept 14 – agree system metrics (part of blue print)

Glossary of Terms

A&E	Accident & Emergency (now known as ED)	**LTC**	Long Term Condition
AMB	Ambulatory Care	**MDT**	Multi Disciplinary Team
CCG	Clinical Commissioning Group	**MIU**	Minor Injuries Unit
DST	Decision Support Tool	**MH**	Mental Health
DVT	Deep Vein Thrombosis	**NHS**	National Health Service
DNA	Did Not Attend	**PRG**	Patient Representative Group (also known as PPG – Patient Participation Group)
DoS	Directory of Services	**OOH**	Out of Hours
DTOC	Delayed Transfers of Care	**SPA**	Single Point of Access
DWMHT	Dudley and Walsall Mental Health Trust	**UC**	Urgent Care
ED	Emergency Department (formerly known as A&E)	**UCC**	Urgent Care Centre
EDD	Expected Date of Discharge	**UTI**	Urinary Tract Infection
EUCC	Emergency & Urgent Care Centre	**WHT**	Walsall Healthcare Trust
GP	General Practioner	**WIC**	Walk in Centre
HCP	Healthcare Professional	**WMBC**	Walsall Metropolitan Borough Council
H&SC	Health and Social Care	**WMAS**	West Midlands Ambulance Service
LPC	Local Pharmacy Committee		