NHS
North Tyneside
Clinical Commissioning Group

Title of report:

Developing a vision and strategic direction for urgent care in North Tyneside ~ Council of Practices 4th December 2013

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Executive summary:

Background

Within North Tyneside the Health and Well Being Board has established a Health and Social Care Integration Programme which has a number of key work streams including urgent care. An Urgent Care Working Group has been established to lead this work with a first task being the production of an 'Improvement Plan' required by NHS England to ensure achievement of A&E performance and sustainability over winter.

Whilst the development and implementation of this Improvement Plan was necessary in very short timescales, the CCG and its partners in the Urgent Care Working Group (UCWG) are keen to take a step back and develop a shared vision and strategic direction for urgent care in North Tyneside involving partners, patients and the public to inform the longer term work programme for the UCWG and ensure effort is focused on activities that will have the greatest impact on the outcomes required by the Integration Board

The first phase of the vision development looks at health need in a number of different ways, e.g. views and experience of patients, carers and the public about urgent and emergency care; health profile of our local population and demographic trends; what 'experts' think would help individuals and carers.

Council of Practice meeting on 4th December was used to gather the 'expert' views of member practices about what they think will help to meet the urgent and emergency care needs of their patients focussing on the 'here and now' or 'current state' of urgent and emergency care services.

The discussion session covered the following two questions:

- **what is good about the current system for patients**
- **how can urgent and emergency care be improved for patients**

This report summarises the key points from the table discussions

What works well at the moment?

Choice

- Huge range of choices for treatment in North Tyneside
- A lot of local services provided due to the nature of the geographic area served
- Can access anywhere in the country

Ease of access

- People know who to ring 111
- Self-referral at A&E or Walk in Centres
- 24 hours provision
- Will always be seen (no one turned away)
- No wait time in genuine emergency

Primary Care

- Access at GP practices (although need to be open reasonable times)
- Offer of urgent appointment
- Same day access even if its advice
- Most patients contacting a practice will get a response
- Practice telephone triage

Walk In Centres

- Walk-in Centres appear (statistics indicate) to be favoured by the younger members of the public
- Battle Hill well used and well liked but only for local patients?
- Good range of diagnostics

A&E

- Can cope with any condition
- Will always be seen
- High quality service but costly

NDUC

- Works well

NEAS

- Works well
- 999 gets you an ambulance!

Paed Service Shiremoor

- Works well

Elderly Assessment Unit

- Works well

MH CAT service

- Works well

Proactive services (not all reactive)

- Admissions avoidance appears to work well when it is there (limited hours) – but we have little info on costs so we don't really know how effective it is.
- ECPs work well but are underused

What aspects could be improved (include the challenges in the system)?

Education and Information

- Patients can be confused by the range of choices available to them
- There is no clear definition of the services available and for what age range by Walk-in Centres (eg babies)
- Educate patients to understand which service would be most appropriate for them to access for different conditions and issues (especially young people).
- Should there be patient education? There is a lack of clarify for patients. Could they wait for a GP appointment for minor illness for example? Do walk in centres offer minor injury AND minor illness?
- Patients and DRs find it difficult to know where patients need to go, so default is A&E if walk in centres do not have the right skill mix to treat what the patient presents with. Patients not being directed to the right place first time. Patients just head for hospital.
- Patients are unwilling to wait
- It doesn't matter who people see for urgent appointments, need to be clear what is urgent.
- People with 'urgent' care needs often do not know where to go, too many options, unknown options, self select and may select inappropriately
- Newcastle Hospitals have a very good emergency information sheet for use by primary care. There should be something similar available from NHCT for North Tyneside practices.
- The internet has heightened anxiety and demand amongst patients.
- There is an increasing demand amongst patients for urgent/same day appointments.
- Patients now have a greater expectation to be seen earlier. There needs to be a definition of 'urgent care'.

Primary Care

- The need to increase the number of full-time GPs to improve the consistency of doctor, patient relationship
- Public Expectations for GPs to be open 12 hours per day 7 days per week
- If patients can't get through to a GP in hours on the telephone, they keep trying or do something else (walk in or A&E)
- GP s are never going to have a system with enough capacity, and have to accept that they will lose some patients at the edges, to walk in centres.
- Elderly people want their own GP and not any GP
- Mental health access to primary care has been increasing due to changes in the benefits system. There is a need to find a more suitable place for mental health patients to be assessed.

Walk in Centres

- Is Walk-in Centre the right name? Does the name fit the purpose/remit of the service and is the name a help or a hindrance when marketing/promoting the service?
- The volume of patients seen in walk in centres is HUGE.
- Should walk in centres just be available at evenings and weekends?
- Walk in centres are working to protocols and access drugs easier. Some patients just want to access the medicine and use this system to do that. Walks in centres do not have any responsibility to do follow ups or deal with results that go to a GP.
- Role / functions / staffing of walk-in centre needs review – evidence that lots of attenders triaged to A&E. – triggers two payments, one for walk-in, another for A&E and yet may not need A&E if assessment at walk-in was more robust
- Battle Hill WIC has turned into a 'mutant' of the regular clinics. Patients should have guidance about appropriate use.

Duplication

- Due to the range of services patients can access there is duplication
- Supply and demand can/has increased expectation
- Fragmented services

A&E

- Managing A&E admissions – Could Primary Care Physicians be place in A&E and referred if appropriate?
- Add Primary care at front of house A&E (to refer elsewhere or to treat?)

NHS 111

- 111 has not been popular or embraced by patients/public. It is not a bad service in this area compared to others but negative media coverage has been detrimental
- Need a 111 type of service in hours to direct into the right service.
- Have triage done by medical staff, to reduce the 'risk averse' approach
- Triage systems can be barrier to accessing the right care, telephone algorithms are naturally risk averse, especially if not operated by experienced medics.
- Refers patients to the wrong service

Other

- Boundary Issues
- Promotion of any one service increases the number of patients going into all services.
- The current system excludes older people and LD patients, as it takes a lot of determination and navigation of the system to get seen.

- 6pm – 9/10pm is an issue – for 'working age adults' / children who have a need that they want attending to urgently, have to go through 111 / triage and/or turn up at A&E – this group can be poorly served by current system
- Meeting the needs of people in nursing homes with 'urgent care needs' – can triage straight into A&E but that may be a really poor option for them. Lots of 'traffic' between nursing homes and various parts of the the 'urgent care' system
- Very little support outside working hours for 'admission avoidance' / care at home / rapid response
- Too many entry points into 'urgent care'
- People (patients) have to have confidence in the clinician dealing with them – if not, they'll keep going round the system to fine the 'right' advice
- Instances of patients being discharged at weekends without primary care teams being notified

What would we do differently?

- Work much more creatively with OOH to address the 6pm – 9/10pm slot, e.g. 'drop in' facility to see a GP at that time
- 'keep it local' – really make best use of the NTGH especially once ECC opens so we don't lose the local facility and the opportunity to use it to optimum value
- OOH practitioners and paramedics to have access to rapid response / admission avoidance out of hours – e.g. up to 11pm, but not necessarily all night
- Remove barriers to access
- Think really carefully about the recent announcement of 8 – 8 working and see how this could best be implemented for people in North Tyneside
- DO NOT create more entry points to urgent care!
- Join up IT systems so records can be viewed
- Reduce variation in provision
- Improve communication after emergency
- Colocation of services
- Add ACSC Unit in Newcastle
- Consider provision at NTGH base site after new hospital ~ currently mixed messages
- GP beds
- Turn inappropriate presentations away from A&E
- A single urgent care centre located at Rake Lane. This would need to be based on a pricing mechanism other than A&E PBR, to achieve economies, and need not be provided by Northumbria Healthcare. Good triage would be fundamentally important, with GPs at the front end who have access to primary care records.