

Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	Health Scrutiny Committee for Lincolnshire
Date:	14 November 2018
Subject:	Lincolnshire Urgent and Emergency Care – Progress with Developing Urgent Treatment Centres (UTCs) in the county

Summary:

The purpose of this item is to update the Health Scrutiny Committee on delivery of transformation of Urgent and Emergency Care in Lincolnshire.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to consider the progress set out in the report and to offer its comments.

1. Background

Urgent and Emergency Care (UEC) is one of the NHS's main national service improvement priorities, with focus on improving national A&E performance whilst making access to services clearer for patients.

Across the system staff are working around the clock to deliver the best possible care to more patients than ever before, but it's becoming increasingly difficult as demand continues to rise. Both nationally and in Lincolnshire the current system is under increasing pressure and we need to improve the urgent and emergency care (UEC) system so patients get the right care in the right place, whenever they need it.

Our local ambition mirrors that set out by NHS England which is to transform urgent and emergency care to ensure it better serves those with serious or life threatening emergencies, as well as those with urgent care needs.

In 2013 NHS England published a review that describes joining up A&E, GP out of hours, minor injuries clinics, ambulance services and NHS 111 (the Keogh Review). This vision for change helps patients to understand and recognise where they can get urgent help easily. Primarily the focus is for people with urgent care needs to have access to a more responsive service closer to home.

Nationally the mandate is for the UEC pathway to be increasingly community based, with increasing focus on the use and accessibility of NHS 111 and clinical assessment services (CAS) with the ability to assess patients over the telephone or via directly booked appointments with the service that is right for them. For people dialling 999 we are working with the ambulance service to ensure that patients receive the most appropriate response, whether this is treatment advice given by phone, in person by ambulance staff, or by being taken to hospital. In the future, health records will also be available to clinicians however a patient accesses the health service, whether this is through NHS 111, by ambulance, their GP or A&E.

Importantly, for those with more serious or life-threatening emergency care needs, changes to the current system mean that people will receive treatment in centres with the best expertise and facilities to maximise the chances of survival and good recovery.

National and Local Context

The health and social care needs of our patients are paramount. In Lincolnshire we are supported by national guidance outlined in 'Next Steps' to deliver our aim over the next two years which is to provide patients with the most appropriate care in the right place, at the right time. The public know where to go when life is in danger. However estimates suggest up to 3 million people who come to A&E each year could have their needs addressed elsewhere in the urgent care system, but patients tell us that the range of alternatives available can be confusing – Walk In Centres, Urgent Care Centres, Minor Injury Units all with differing levels of service. A&E is often the understandable choice for many people unsure where to turn when they need urgent care or advice; this places unnecessary pressure on A&E and other parts of the urgent and emergency care system, and for many patients this results in long waits in the wrong setting.

Following publication of the Keogh Review, NHS England published further guidance to local systems on how to design, implement and deliver new urgent treatment centres. The Lincolnshire UEC system (providers and commissioners), supported by NHS England, have reviewed our current provision against this guidance and have developed plans for each facility and plans will be subject to engagement so the views of patients and the public will be heard.

In response to the Keogh Review, the Lincolnshire Urgent and Emergency Care system introduced an Urgent and Emergency Care Strategy (which was presented to the Committee on 21 March 2018) which sets out the vision for UEC in line with nationally mandated actions and local STP priorities. The Strategy was adopted by the Urgent and Emergency Care Delivery Board and the System Executive Team in January 2018.

The introduction of new urgent treatment centres in the County along with GP access hubs (a GP practice that offers appointments for patients registered with other practices in the area.) will standardise the confusing range of options and simplify the system so patients know where to go and have clarity of services available and where.

Urgent Treatment Centres

The Urgent Treatment Centre Principles and Standards, published by NHS England, set out national core standards for Urgent Treatment Centres (UTCs). This is attached at Appendix A to this report.

The principal aim of creating urgent treatment centres is to increase public confidence in where to go if a patient has urgent, non-emergency care needs by removing different titles such as urgent care centres, minor illness/injury units and walk in centres. A further aim is to extend the remit of urgent treatment centres' clinical and assessment capability so to manage an increased range of lower acuity cases many of which are currently managed in our A&E departments.

The December 2019 national target is for patients and the public to:

- access urgent treatment centres that are open at least 12 hours a day. UTCs will be led and staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
- have a consistent route to access urgent appointments offered within 4 hours and booked through NHS 111, ambulance services and general practice. *(A walk-in access option will be available, but in line with national direction, receiving advice via telephone triage (via NHS 111) and if required a face to face appointment that has been directly booked in at the UTC will be emphasised via engagement with the public to help reduce unnecessary walk-in presentations.)*
- increasingly have access to routine and same-day appointments and out-of-hours general practice for both urgent and routine appointments at the same facility, where geographically appropriate.
- recognise the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS 111, local GPs, hospital A&E services and other local providers.

Current Provision

In Lincolnshire there are two urgent care centres at Louth and Skegness Hospital sites and Minor Injury/Illness Units at the Gainsborough John Coupland Hospital and Spalding Johnson Hospital. Additionally there is a minor injury service at Sleaford Medical Group (7 days a week) which provides some additional urgent care services evenings and at the weekend; and North West Anglia Foundation Trust (NWAFT) run a Minor Injuries Unit at Stamford Hospital.

Recommended Sites for Urgent Treatment Centres

The national and local vision for UEC is wherever a patient contacts the healthcare system they will have consistent access to all services and will, if necessary, be referred on to necessary services through a process of direct booking whenever possible. Urgent treatment centres will operate as part of a networked model of urgent care, with referral pathways into emergency departments and specialist services as required.

Under national guidance urgent treatment centres will be developed and co-located with existing Emergency Departments (ED) within Lincolnshire. In addition to delivering national standards, UTCs in front of EDs will provide highly effective patient streaming to relevant specialities minimising the requirement for patients to attend the ED or wait to be seen, treated or discharged within the specified timescale for 4 hours. By having urgent treatment centres co-located with EDs, centres will act as an effective filter between urgent and emergency care.

However it is noted in the Strategy document the future of urgent and emergency services at Grantham Hospital has yet to be determined and is out of scope of the Lincolnshire Urgent and Emergency Care Strategy 2018-21 (page 5, section 1.2) which references the work of the East of England Clinical Senate report (December 2017). The future of urgent and emergency care at Grantham Hospital is within the scope of the Acute Services Review being undertaken by the STP, as a system. A full and open public consultation will take place to inform any final decisions on the configuration of services through the Acute Services Review.

In March 2018 in response to requirements and timescales imposed by NHS England CCGs discussed proposed sites for UTCs in the County. Governing Bodies subsequently recommended a service which meets all the UTC core standards be developed at the following sites:

- Louth Hospital (this became a pilot site in March 2018 to test technology and new ways of working but has had no formal re-designation)
- A UTCs will be established at the front door of Pilgrim and Lincoln County Hospitals. The 'go live' date is December 2019 and requires capital funding to expand floor space and therefore full capability of a UTC. A capital bid was submitted in July 2017 to NHSE and a response is expected imminently.
- A UTC at Stamford (timescale to be determined in conjunction with Cambridgeshire and Peterborough CCG, with North West Anglia NHS Foundation Trust as the provider).
- A UTC at Skegness

In the future, all facilities must have in common the offer of booked urgent appointments, accessed through NHS111, General Practice and the ambulance service. In making recommendations to NHS England and the local UEC Delivery Board, commissioners have considered local activity, demand management, and patient flow to ensure that patients are directed to the most convenient service available and that there is consistency of access and that investment is targeted to meet demand.

CCGs recommended the existing Minor Injuries Units at Spalding, Sleaford and Gainsborough will be re-designated as GP Extended Access Hubs (a GP practice that offers appointments for patients registered with other practices in the area) and deliver similar services (but via bookable appointments made to 111/onto the Clinical Assessment Service) or via appointments made through GP In Hours services. CCG commissioners are presently working with NHS England, current providers and GP Federations to determine the final clinical models of care that will operate from these sites. In accordance with recommendations sites will have strong links with other community urgent care services, such as mental health crisis support, community pharmacy, dental, social care and the voluntary sector in providing an effective and integrated service.

Public engagement is planned for these proposed service changes during spring 2019.

3. Programme Implementation

The implementation of UTCs is fundamental to developing a quality and sustainable urgent and emergency care service in Lincolnshire. The following actions are being taken to achieve successful implementation:

1. engage with the public on proposed changes;
2. design how UTCs will relate and work with other services (in particular with newly developing GP Extended Access Hubs and existing A&E departments);
3. work with all staff and key stakeholders to engage fully in plans and design of UTCs;
4. clarify acuity of patients that can be seen and treated at UTCs and how acuity may be stratified;
5. explore and clinically govern how NHS Pathways (the triage tool used by the NHS 111 service) and the associated Directory of Service (DOS) are adapted to ensure the right patients with the right acuity are directed to UTCs;
6. ensure consistency across the 5 UTCs in the skill mix of staff, prescribing capabilities and access to appropriate investigations;
7. review the opening hours of UTCs (national requirements is as a minimum they must be open twelve hours per day). Currently some minor injuries units operate for less than twelve hours per day and there is inconsistency across the county in provision;
8. review existing issues of inter-departmental transfers between existing minor injuries units/ urgent care streaming services to A&Es to improve awareness of professionals and the public on what clinical conditions the UTCs can manage

9. to set up the ability for 111 and CAS services to directly book patient appointments into the UTC. This is already in place at Louth and will be rolled out to Stamford and Skegness sites initially before being available at Lincoln County/Boston Pilgrim.
10. review with Lincolnshire County Council Highways for Department for Transport road signage to ensure new national UTC signs are established in place of existing signs

4 Classification of Service Type

Urgent treatment centres will be classed as Type 3 A&E departments. A type 3 department may be doctor led or nurse led and may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment.

The GP Extended Access Hubs will not be classified as Type 3 departments. These services are classified as being appointment based services mainly or entirely accessed via telephone or other referral (for example most out of hours services), or a dedicated primary care service (such as GP practice or GP-led health centre) therefore not classified as a Type 3 service even though it may treat a number of patients with minor illness or injury.

5 Timescale for Implementation

Several underlying projects will knit together through the following transition period (January to end of May 2019) once contractual arrangements are agreed:

- To further develop the communications and engagement planning with the public/key stakeholders and affected staff.
- The mobilisation process for how each site operationally will deliver against the national standards and principles for UTCs (the clinical model).
- To participate in national learning and sharing of information on how other UTCs in the country have been delivered.
- A wider programme of delivery of direct appointment booking capabilities throughout urgent care.
- A wider programme of reviewing shared diagnostic services and any operational efficiency derived.
- To deliver against set timescales for building works at Lincoln and Pilgrim should a positive outcome from capital bidding process occur.

6. Other Transformation Projects

Digital technology is a key enabler to helping to deliver the national and local Urgent and Emergency Care strategy. Local transformation projects include;

ASAPLincs

In September a website and app were launched in Lincolnshire to help people find the most appropriate health care service for their medical needs. The ASAPLincs website and app has been built using the very latest attendance data from Lincolnshire's emergency departments. Detailed behavioural research has also gone in to developing the product allowing our comms and engagement teams to target cohorts of patients we know make inappropriate choices with regard to access to urgent and emergency care. It is designed to allow residents to identify their symptoms or condition from some of the most commonly seen in emergency departments, before displaying the most appropriate treatment service for them. Since its launch the website has had 2,500 individual and new users; 10.2% of users have returned, 30% of users are male, 70% of users are female. The ASAPLincs App has had just 6,356 downloads. ASAPLincs is a finalist in the 2018 Lincolnshire Healthcare Awards in the category of Research, Innovation and Education.

NHS 111 Online

We in Lincolnshire were the first system nationally to introduce NHS111 online. The website forms an integral part of the future service delivery of UEC and will allow patients to book urgent appointments. Our project lead for NHS111 online is also a finalist in the Lincolnshire Healthcare Awards in the category of Rising Star of the Year in recognition of the early and successful implementation of the website and related project work.

Integrated Dashboard

From mid November 2018 the UEC system will have a "live" visible dashboard detailing demand, performance and pressure points across the system. The dashboard will be used across primary, secondary and community care as well as social care to manage the system and its capacity more effectively. The dashboard will help improve quality and patient safety and make issues more transparent to local clinicians and service leaders so they can manage system escalation more rapidly and effectively plus assist reporting to local senior leaders and regulators over the winter.

6. Conclusion

The UTC Programme of work is mandated nationally. We are required as a system to implement changes in line with national requirements in order to streamline services and improve accessibility. We expect reduced attendance at, and conveyance to, A&E as a result of this standardisation and simplified access, as well as improved patient convenience as patients will no longer feel the need to travel and queue at A&E. Attendances at urgent treatment centres will count towards the four hour access and waiting times standard.

The programme of work provides monthly updates to NHS England and there is positive assurance of the considerations being made locally.

7. Appendices

The following Appendix is attached at the end of this report:

Appendix A	Urgent Treatment Centres – Principles and Standards NHS England – July 2017
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8. Background Papers

The following background paper was used to a material extent in the compilation of this report:

- Lincolnshire Urgent and Emergency Care Strategy 2018-2021 (This was reported to the Health Scrutiny Committee on 21 March 2018.)

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