

Agenda Item 6

 <i>Working for a better future</i>		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:	15 May 2019
Subject:	<i>Healthy Conversation 2019 - Urgent and Emergency Care</i>

Summary:

The report describes the national and local context regarding the vision and strategy that will deliver an effective and accessible Urgent and Emergency Care System in Lincolnshire.

Actions Required:

- (1) The Committee is requested to note and comment on the report.

1. Background

Each year the NHS provides around 110 million urgent same-day patient contacts. Around 85 million of these are urgent GP appointments, and the rest are A&E or minor injuries-type visits. It is estimated that between 1.5 and 3 million people arriving at A&E each year could have their needs addressed elsewhere, be that via NHS111, their local pharmacy or by visiting the GP. This cohort of patients attend A&E because it is perceived the most convenient or quickest option however there are significant consequences to the rising demand on our A&E department; and the impact is felt throughout the acute hospital and the urgent care system as a whole.

Both locally and throughout England over the past three years, the NHS:

- cared for 23 million A&E attendances in 2016/17, 1.2 million more than the preceding three years;
- boosted the capacity and capability of NHS 111, which now takes in excess of 15 million calls each year, up from 7.5 million;
- expanded “Hear and Treat” and “See and Treat” ambulance services so that they now cover more than 3.5 million people, with the provision of telephone advice and treatment of people in their homes saving needless trips to hospital;
- developed an integrated urgent care model, offering a single point of entry for urgent care via NHS 111. In excess of 50% of all calls in Lincolnshire are now streamed to the Clinical Assessment Service (CAS);
- introduced Urgent Care Streaming into A&E to reduce the flow of minor injuries and minor illnesses into the Emergency Department;
- Local health and social care partners adopted good practice to enable appropriate patient flow, including better and more timely hand-offs between A&E clinicians and acute physicians, ‘discharge to assess’, ‘trusted assessor’ arrangements, streamlined continuing healthcare processes, and seven day discharge capabilities. Locally this has led to a reduction in Delayed Transfers of Care to 2.4% against a target of 3.5%;
- over 85% of all assessments for continuing health care funding are now taking place out of hospital in the community setting;
- NHS 111 online has commenced, allowing people to enter specific symptoms and receive tailored advice on management;
- rolled out evening and weekend GP appointments;
- We have strengthened support to care homes to ensure they have direct access to clinical advice, including appropriate on-site assessment;
- Working closely with the Association of Ambulance Chief Executives and the College of Paramedics, we have implemented the recommendations of the Ambulance Response Programme designed to reduce long ambulance waits;
- We are in the process of delivering standardised new ‘Urgent Treatment Centres’ which will open a minimum of 12 hours a day, seven days a week, integrated with local urgent care services. They will offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities including X-ray.

2. National Context

The *NHS Long Term Plan* was published in January 2019 and describes an emergency care system under sustained pressure at the same time responding to real changes in demography, public expectation and vision for future delivery.

Milestones for Urgent and Emergency Care in the Long Term Plan:

- In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online.

All hospitals with a major A&E department will:

- provide Same Day Emergency Care services at least twelve hours a day, seven days a week by the end of 2019/20;
- provide an acute frailty service for at least 70 hours a week that will work towards achieving clinical frailty assessment within 30 minutes of arrival;
- aim to record 100% of patient activity in A&E, Urgent Treatment Centres and Same Day Emergency Care via Emergency Care Data Sets by March 2020; and
- test and begin implementing the new emergency and urgent care standards arising from the Clinical Standards Review, by October 2019;
- further reduce delayed transfers of care, in partnership with local authorities.
- By 2023, CAS will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care.

Urgent Treatment Centres

The *NHS Long Term Plan* sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es. It describes how urgent treatment centres are being designated across England and increasing in numbers compared with new A&E departments. Patients who need hospital care resulting in emergency admissions will increasingly be treated through ‘same day emergency care’ without requiring an overnight stay. The Plan is that this model will be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on the day of attendance from a fifth to a third, consequently improving bed occupancy; increasing flow and reducing bed waits and ambulance handover delays in the Emergency Department which is often the result of over-crowded departments.

The Government has committed to improvements in ‘out-of-hospital’ services to reduce very substantial pressures associated with the care of emergency patients. In doing so, more patients will be looked after effectively by GPs, community health and social care services without the comparative expenditure growth as acute services. This commitment includes the delivery of Urgent Treatment Centres thus allowing patients access to a consistent offer of non-acute urgent care. Urgent Treatment Centres will work alongside other parts of the system including primary care, pharmacy, the East Midlands Ambulance Service, Lincolnshire Community Health Services NHS Trust, Lincolnshire Partnership NHS Foundation Trust, Adult Social Care, LIVES etc to deliver alternative access for patients who do not need to attend A&E.

Compared to an A&E, Urgent Treatment Centres are typically GP-led. They will be accessible at least twelve hours per day 365 days per year offering appointments that can be booked through NHS 111 or via a GP referral. Urgent Treatment Centres will be equipped to diagnose and deal with many of the most common ailments people attend A&E for despite not requiring acute hospital services. As such, Urgent Treatment Centres are designed to ease pressure on hospitals allowing Emergency Departments to treat the most serious cases. All

Urgent Treatment Centre services will be considered in future as type 3 A&E and where the Urgent Treatment Centre is co-located with an existing emergency department there may be justification for joint clinical leadership from an Emergency Department consultant. Current Primary Care Streaming provision within A&E will be incorporated in the Urgent Treatment Centres part of the Integrated Urgent Care offer and patients will continue to be streamed but to a more comprehensive and sophisticated, alternate service.

Urgent Treatment Centres will be the term used to consistently describe the facility which provides direct access to the urgent and emergency care network, including assessment and initial treatment to any patient, as described above and the term Emergency Department will continue to be used to describe hospital-based facilities able to receive, assess, treat and refer all patients (both adults and children) with urgent and emergency care problems. They include all the facilities of an Urgent Treatment Centre and in addition an Emergency Department, specifically configured for the reception, resuscitation, diagnosis and onward referral of patients with urgent and emergency care needs. Emergency Departments are always open, are under the continuous supervision of a team of consultants in Emergency Medicine, and receive patients from the ambulance service and other sources. Emergency Departments will continue to deliver 24 hour access to complex diagnostics (including CT and MRI scanning), medical and surgical assessment units and critical care facilities, access to specialist facilities to treat rarer but life-threatening conditions such as major trauma, heart attack, stroke and critical illness in children.

The Healthy Conversation 2019

The *Healthy Conversation 2019* was launched on 5 March 2019 with a series of county wide public engagement events complemented by a significant traditional and social media campaign to inform and engage the public in the future NHS service offer in the county.

There is a dedicated section *Healthy Conversation 2019* on urgent and emergency care including a description of the “as is” and proposed “to be”; frequently asked questions; and the ability for the public to contact the Healthy Conversation team for advice, make suggestions; ask questions or raise queries. This is set out in Appendix A.

There is a full description of the NHS England mandated actions for Urgent and Emergency care described above as well the Lincolnshire STP future vision for UEC including our intention to have a network of Urgent Treatment Centres across Lincolnshire – on our existing acute hospital sites and in Skegness and Louth, with the potential for a further Urgent Treatment Centre at Stamford, Gainsborough and Spalding. The Urgent Treatment Centres will be staffed by multi-disciplinary teams of doctors, nurses, therapists, and other professionals with at least one person trained in advanced life support for adults and children.

The public has been asked to engage with the *Healthy Conversation* to understand and contribute to the future offer for urgent and emergency care, how is it accessed and where it is delivered. Throughout the engagement we have described how Lincolnshire has three A&E departments; two Urgent Care Centres at Louth and Skegness Hospitals; and a further five Minor Injury/Illness Units. (Gainsborough John Coupland Hospital, Spalding Johnson Hospital), as well as the facilities run by a Medical Group in Sleaford and North West Anglia Foundation Trust at Stamford Hospital.

Louth and Skegness

The Healthy Conversation 2019 describes how Louth and Skegness Urgent Care Centres will become Urgent Treatment Centres and will see an enhancement in services currently delivered including diagnostics and a multi-agency team of specialists available. Without Urgent Treatment Centres at these two locations the additional pressure at Boston Pilgrim would be unmanageable based on the size of the department and anticipated growth in demand.

Gainsborough, Spalding and Stamford

The remaining three sites at Gainsborough, Spalding and Stamford are also being proposed or considered as Urgent Treatment Centres. There will be Urgent Treatment Centres in front of the Emergency Departments department at Lincoln County and Boston Pilgrim Hospitals which will remain type 1 Emergency Departments (for definition of “type”, see attached appendix) however based on advice from NHSE that “co-location with, and strong links to, other community urgent care services, such as mental health crisis support, community pharmacy, dental, social care and the voluntary sector will also be beneficial in providing an effective and integrated service. There are advantages if they can be co-located alongside hospital A&E departments to allow the most efficient flow of patients to the service that best serves their need but this will be determined by geographic distribution of urgent care sites and patient flows”, Urgent Treatment Centres will be located on these sites. Current Urgent Care Streaming at Lincoln County Hospital and Boston Pilgrim Hospital will become part of the overarching GP led, Urgent Treatment Centre service.

Grantham

Whilst decisions relating to Grantham are outstanding due to the ongoing work around the acute services review, our emerging option is to have 24/7 access to urgent care through the introduction of an Urgent Treatment Centre at Grantham Hospital. This would reinstate 24/7 urgent care locally meaning that the vast majority of patients who need care quickly could receive it at Grantham. Senior clinical staff are confident that this emerging option is the best service for the Grantham population. The Urgent Treatment Centre would be open 24/7. The emerging option suggests that in the ‘out of hours’ period, access would be through 111 for the reasons of patient safety. We will be listening to a wide range of feedback in order to inform our thinking, including people’s views on how the service could best be accessed.

Grantham is currently designated as an A&E department, which cannot easily be classified as either type 1 or type 3 (see Appendix B for definitions). The major change should the site be re-designated at an Urgent Treatment Centre is that it would in future be accessible via appointments as well as walk-ins. Grantham Hospital has not had a full A&E department for a number of years. Our preferred emerging option envisages that the vast majority of conditions and patients that are treated at Grantham Hospital today will be able to receive care in the Grantham Urgent Treatment Centre. A fully functioning A&E department requires a comprehensive range of back up services and facilities, such as specialist critical care and specialist medicine, emergency surgery, paediatric assessment and maternity services which are not available at Grantham Hospital. If a person is critically ill or injured, they will be conveyed to an alternate site as is currently the case. The service which has been available in the A&E Department in Grantham in recent years is very close to an Urgent Treatment Centre service. However the opening times are restricted to between 8am and 6.30pm and remains to be consultant led. In comparison, an Urgent Treatment Centre typically will be GP led and our proposal at Grantham is for the Urgent Treatment Centre to reinstate to 24/7 access and be an integrated community model.

Urgent Treatment Opening Hours

The opening hours of all urgent treatment centres will be determined following public engagement as part of the *Healthy Conversation* which is an engagement exercise and we will be listening to patients' and the publics' views over the coming months regarding changes to services. This engagement will contribute to revising this preferred emerging option.

Feedback from Healthy Conversation Events

Throughout all the *Healthy Conversation* events, we have consistently heard that the public are concerned about: -

- Transport to services for patients and family
- NHS111 and its effectiveness
- East Midlands Ambulance Service
- Issues of overburden on Lincoln County Hospital

Events taking place within Boston and Skegness have generated comments from the public including: -

Please do not downgrade services at Pilgrim Hospital. I feel it would cause financial strains in many cases, poor public transport, well-being and mental health would be strained for patient and family, how would Lincoln cope?

Suggestion: Direct trains between Boston/Skegness and Lincoln and regular trains. Rebuild the lines around the county that were closed in the late 60/70s. Bus routes to be clearly provided at all bus stops with times of buses

Events taking place at Grantham have generated comments from the public including:

Would you be able to quickly confirm whether the new urgent treatment centre at Grantham Hospital will be a walk in centre or whether patients will need to access it through NHS111?

Grantham hospital is being sidelined - everything at Lincoln + to some extent Boston. Not good enough - Grantham serves a large area, including population living in Leics + Notts. Ambulance services are stretched. Not sufficient public transport. Lincoln too far away for urgent cases!

You claim that the “emerging” option is to develop an Urgent Treatment Centre at Grantham and District Hospital to provide 24 hour, 7 day a week access to urgent care services locally, yet you then go on to say that “overnight ...NHS111 will serve as the entry point to the Urgent Treatment Centre during this “out of hours” period”, because that means a limited and reduced service. So this is not, in reality, a 24 hour service if it has “out of hours” provision. YOU SHOULD MAKE IT ABUNDANTLY CLEAR THAT WHAT YOU ARE DOING IS DENYING THE PEOPLE OF GRANTHAM AND DISTRICT PROPER ACCESS TO 24 HOUR SERVICES, as has now been the case for some 31 months.

I am much less interested in WHERE I am treated than in the EXPERTISE that I would like to see in the people treating me - and the specialist equipment and facilities needed to make the best job of treating me.

I am writing to request more information. I would like to know what will happen to staff that are currently employed by ULHT at Grantham hospital, since this has not been discussed anywhere. It appears that little consideration has been given to staff who currently work at Grantham. As you can imagine it is not nice hearing all this news with no consideration for the staff that currently work there. How will this affect staff? Who will be their employer? Will they still have jobs? Will they be forced to work at Boston or Lincoln? When is this all likely to happen?

Online comments/enquiries regarding urgent care have included the following:

Would you be able to quickly confirm whether the new urgent treatment centre at Grantham Hospital will be a walk in centre or whether patients will need to access it through NHS111?

You claim that the “emerging” option is to develop a Urgent Treatment Centre at Grantham and District Hospital to provide 24 hour, 7 day a week access to urgent care services locally, yet you then go on to say that “overnight ...NHS111 will serve as the entry point to the Urgent Treatment Centre during this “out of hours” period”, because that means a limited and reduced service. So this is not, in reality, a 24 hour service if it has “out of hours” provision. YOU SHOULD MAKE IT ABUNDANTLY CLEAR THAT WHAT YOU ARE DOING IS DENYING THE PEOPLE OF GRANTHAM AND DISTRICT PROPER ACCESS TO 24 HOUR SERVICES, as has now been the case for some 31 months.

We have had our A&E downgraded under these plans. I accept the proposals are better than what we have now, but please do not insult our intelligence by pretending we haven't lost our Accident and Emergency department title!

For us to even accept this change to an urgent treatment centre, in line with NHS guidelines of simplifying access to services for patients, so we present at the right place, at the right time.

Then we insist on having the same opening hours as Skegness and Louth's urgent treatment centres.

They have their doors open 24/7, we insist on consistency.

Alternatively you could close Skegness and Louth overnight too, only allowing them access via 111 too! I know this is not a viable option, as it would leave the north east coast of Lincolnshire, extremely vulnerable.

With only having 111 access, your proposing that minor injuries sustained by intoxication, would need to phone 111, explain what's happened and try to gain access to our urgent treatment centre! You can see the issues that could cause! But injuries that can easily be treated locally by our overnight staff!

The staff will be in the building anyway, they will be advanced nurse practitioners, with at least one person with enhanced rehabilitation skills, with consultant support available over the phone, so absolutely no reason why our doors shouldn't be open 24 hrs a day.

Feedback and responses to questions/queries/suggestions raised are managed via the NHS Communication and Engagement team. Public engagement responses will be captured and will influence future decisions regarding Urgent and Emergency Care in the county including the location and opening hours of Urgent Treatment Centres and future reconfiguration of the Grantham Hospital Site.

Finance

In July 2018 an application from Lincolnshire for Wave 4 Capital Funding to NHS England to build an Urgent Treatment Centre and expanded resuscitation space at both Lincoln and Pilgrim Hospitals was made. This application was made as part of the wider Sustainability and Transformation Partnership Estates Strategy and the two Urgent Treatment Centre builds were ranked locally as the highest prioritised schemes from all the estates work required across the system. The application was unfortunately not supported nationally.

In January 2019 the original consultants supporting the Sustainability and Transformation Partnership Estates team were commissioned by the Sustainability and Transformation Partnership to update the Outline Business Case in preparation for a future bidding rounds. The team has been working on a weekly basis with colleagues from across the system including lead commissioners in Lincolnshire East and Lincolnshire West CCGs and the Urgent Care Team to update the previous submissions. It is intended this work will

generate the best possible delivery option for the sites including applicable revenue costs, so the system in the best possible position to respond to future funding opportunities.

Consultants have been working to update the following:

- The Outline Business Case for each site
- The associated potential/possible high level architectural designs for both sites
- The associated risk and benefit analysis
- Updated costs of the proposed schemes

Next Steps

The next steps for the future bidding round (Wave 5) are presently not confirmed nationally but we are aware that no funding decisions will be taken until after the Chancellors Autumn Statement

Workforce

A comprehensive and system wide workforce model for future delivery of Urgent Care has been developed over time. The model is based on assumptions regarding activity/demand/demographics as well as a shift in patient flow to the community and away from the acute hospital sites. The model forms part of the overarching STP workforce development and is being overseen by the Lincolnshire Workforce Advisory Board, which is chaired by Jan Sobieraj. Current predictions are that total in-post workforce is similar to that needed for the future service model, although skill mix, location and the balance between care functions all need to be reviewed and acted upon.

There is an overall need to increase skill levels and attract both enhanced and advanced workforce through recruitment and upskilling. Due to the increased skill levels suggested by the model the overall direct workforce costs would rise by approximately 5%. The model will continue to be developed taking into consideration, for example parallel digital challenges and opportunities.

There is a countywide shortage of NHS staff which mirrors the national picture however Lincolnshire has particular difficulty in recruiting in the more rural and isolated parts of the county. There has been much debate as to whether there should be defined staffing ratios in the NHS. However it could be argued this misses the point – in Lincolnshire we want the right staff, with the right skills, in the right place at the right time. There is no single ratio or formula that can calculate the answers to such complex questions across providers because the answer inevitably differs across the geography of Lincolnshire and within organisations. Reaching conclusions requires the use of evidence, evidence based tools, the exercise of professional judgement and a genuine multi-professional approach which is what will be in place across our urgent care system. Getting the right staff with the right skills to care for our patients all the time is not something that can be mandated or secured nationally as is the case with models of care. However locally, providers and commissioners, together in

partnership, listening to their staff and patients, are responsible and will work make these expectations a reality.

Conclusion

The Urgent Treatment Centre Programme of work is inextricably linked and co-dependent on wider commissioning decisions being made regarding primary care access hubs and integrated urgent care (IUC) contracting decisions. The ability to create Urgent Treatment Centres is being supported through all the key enabler programmes of the STP – primarily workforce, communications and engagement and IM&T areas. The programme of work provides monthly updates to NHS England and there is positive assurance of the considerations being made locally.

Appendices

Appendix A	Healthy Conversation 2019 Leaflet
Appendix B	Accident and Emergency Department Classification

Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Ruth Cumbers, Urgent Care Programme Director
ruth.cumbers@lincolnshireeastccg.nhs.uk