


Agenda Item 10

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|  Lincolnshire COUNTY COUNCIL <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 Community Health Services NHS Trust

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| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 22 July 2020 |
| Subject: | Integrated Urgent Care in Lincolnshire (Provided by Lincolnshire Community Health Services NHS Trust) |

Summary

The *NHS Operational Planning and Contracting Guidance for 2017 – 2019* sets out the requirements to implement a 24/7 integrated urgent care service for physical and mental health by March 2020, including a clinical hub that supports NHS 111 and 999. The integrated urgent care commissioning standards, published in 2015, set out what commissioners should adhere to, in order to commission a functionally integrated 24/7 urgent care access, treatment and clinical advice service, incorporating NHS 111.

These standards seek to bring urgent care access, treatment and clinical advice into much closer alignment through a consistent and integrated NHS 111 service model. Integrated urgent care aims to: “deliver a functionally integrated 24/7 urgent care service that is the ‘front door’ of the NHS and which provides the public with access to both treatment and clinical advice”

Action

To consider the information presented on the integrated urgent care services provided by Lincolnshire Community Health Services NHS Trust.

1. Lincolnshire Integrated Urgent Care Services

The Lincolnshire integrated urgent care clinical delivery model includes:

- use of self-care, via community pharmacies, advice from the Clinical Assessment Service (CAS) and through the contact our patients have with the neighbourhood teams;
- NHS 111;
- CAS – 24/7 365 days a year telephone and video consultation clinical advice, to support the “hear and treat” model;
- integrated home visiting service with full multi-disciplinary support 24/7;
- urgent treatment centres (UTCs) to see patients who have booked an appointment via 111 or CAS or who have self-presented with minor illness or injury needs; and
- emergency departments (EDs).

To deliver integrated urgent care, it requires a partnership across various providers. NHS 111 is delivered by DHU Healthcare, EDs are provided by United Lincolnshire Hospitals NHS Trust (ULHT), with the CAS, home visiting, UTCs and the minor injury units led by Lincolnshire Community Health Services (LCHS).

This paper focuses on the integrated urgent care elements provided by LCHS.

2. Urgent Care Definition

For the purposes of this document:

“Urgent and Emergency Care are the range of healthcare services required to treat people who need medical, advice, diagnosis and rapid treatment (on the same day as treatment is sought) unexpectedly”.

This means that urgent care includes where the treatment required is not life threatening, but is required on the same day for well-being, patient satisfaction and quality of life.

The national review of urgent care services discusses five key elements of transformation:

1. providing better support for people to self-care;
2. helping people with urgent care needs to get the right advice in the right place at the right time;
3. providing highly responsive urgent care services outside of the hospital, so people no longer choose to queue in the emergency department;
4. ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery (and stay well for longer); and
5. continuing urgent and emergency care services, so that the overall system becomes more than just the sum of its parts.

Nationally, it was recognised that the variation in names for urgent care centres, minor injury units and walk in centres was very confusing for the public, so NHS England developed the concept of urgent treatment centres (UTCs). NHS England’s objectives for

UTCs include standardising and simplifying access, ensuring urgent care is easy to navigate for local people, and creating efficiencies through integrated working.

NHS England published twenty seven standards which UTCs must meet in order to ensure a consistent service to the public. These standards specify that UTCs will be integrated with local urgent care services, usually led by general practitioners (GPs), and ideally co-located with primary care facilities.

The nationally mandated UTC standards also include:

- bookable appointments with a GP or other members of the multi-disciplinary team;
- being open for at least twelve hours a day seven days a week, including public holidays
- providing pre-booked same day and “walk-in” appointments;
- ensuring an effective and consistent approach to primary prioritisation of “walk-in” and pre-booked appointments;
- offering appointments through 111 as well as GP referral;
- treating minor illness and injury in adults and children of all ages; and
- having access to diagnostic facilities that will usually include an x-ray machine.

3. So what is LCHS doing to deliver its elements of Integrated Urgent Care?

(a) Providing better support for people to self-care and management of long term conditions

Self-care and management is embedded within discharge planning quickly after admission, creating a management plan for flare which avoids admission where possible to support people staying well within the community. This links community navigation and managing long term conditions groups within the Lincolnshire community. These pathways have attached metrics and monitored performance and active targeting to support people to have an improve quality of life and greater ability to stay well themselves.

This includes further development around the bespoke pathways for long term conditions such as chronic obstructive pathways disease, dementia and diabetes. The pathways developed concentrate on community management, developing specialism and outreach from specialist clinicians and clear treatment escalation plans which pull resources quickly to any deterioration to avoid need for higher acuity care management so that patients recover more quickly and remain at home where possible.

(b) Helping people with urgent care needs to get the right advice in the right place at the right time, first time

In the new integrated service, NHS 111 has moved to a ‘consult and complete’ model, supporting patients to use NHS 111 when:

- they need medical help fast, but it’s not a 999 emergency
- they don’t know who to contact for medical help

- they think they need to go to A&E or another NHS urgent care service
- they need to make an appointment with an urgent care service
- they require health information or reassurance about how to care for themselves or what to do next

LCHS sees this as the 'talk before you walk' concept. For those people who need more clinical input than can be obtained at a community pharmacy, or who are unsure how to best get their urgent care needs met, by calling NHS 111 which is available 24/7 we can support patients to access the right services, at the right time.

For the patients of Lincolnshire, calls made into NHS 111 which are categorised as suitable for LCHS services are passed to our CAS. The CAS is available 24/7, 365 days a year to provide self-care advice where appropriate provides a telephone consultation with a clinician to assess their needs. Where a patient is assessed as needing additional support, the CAS clinician has a range of options available and will ensure the best option is provided to the patient:

- video consultation;
- same day direct booking into general practice;
- same day booked appointment into a UTC;
- home visit; and
- onward referral to our community nursing teams.

LCHS has also developed significant admission avoidance schemes within the clinical assessment service: -

- East Midlands Ambulance Service crew on scene directly accessing the CAS; and
- CAS for all care homes within Lincolnshire.

(c) Providing highly responsive urgent care services outside of the hospital so people no longer choose to queue in the Emergency Department

LCHS again emphasises the 'talk before you walk' concept. For those people who need more clinical input than can be obtained at a community pharmacy, or who are unsure how to best get their urgent care needs met, by calling NHS 111 which is available 24/7 we can support patients to access the right services, at the right time. Both NHS 111 and CAS have the ability to book patients into general practice and UTCs, meaning that patients who do not wish to walk-in and wait to be seen have options to access urgent care services without having to sit and wait and be seen at a time convenient for them.

LCHS have been commissioned to deliver four UTCs:

- Lincoln (co-located with Lincoln County Hospital A&E), providing 24/7 walk-in and bookable appointment access;
- Boston (co-located with Pilgrim Hospital A&E), providing 24/7 walk-in and bookable appointment access;
- Louth providing 24/7 walk-in and bookable appointment access; and
- Skegness providing 24/7 walk-in and bookable appointment access.

- (d) **Ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery (and stay well for longer)**

For those UTCs that are co-located with an A&E, within the acute footprint, this essentially acts as a 'streaming service' to signpost patients away from A&E, if their needs can be met by the UTC. This ability to stream to alternative urgent care services enables the A&E to see those patients with life threatening illness and injuries as quickly as possible.

- (e) **Continuing urgent and emergency care services so that the overall system becomes more than just the sum of its parts.**

The above approach suggests that an integrated urgent care model will achieve: -

- significantly more care delivered at home;
- more admissions to hospitals avoided;
- a different flexible, supportive and collaborative workforce model for Lincolnshire;
- more clarity for patients on who to contact and where to go for care by reduced contact points creating a system where the right patient, goes to the right place first time ; and
- a safer system with specialist environments being maintained for emergency care.

4. How has this been achieved?

There has been a significant amount of transformation taking place within LCHS to move to an integrated model:

- The CAS is well established, operating 24/7 365 days a year providing phone based clinical advice and guidance with timely call backs to patients to support great care, closer to home.
- A full workforce review including the development of the advanced clinical practitioner role has been carried out to ensure we have the number of staff, with the right skills in the right place to meet the demand, now and future for our community
- Introduction of e-consultations (video conferencing) within our CAS for those that wish to access them.
- Louth and Skegness UTCs went live in October 2019.
- Lincoln and Boston UTCs went live in December 2019.
- A estates review across all sites to ensure patient expectations and patient experience levels are high.
- The re-build of Boston UTC will continue. This is linked to the central government funding that has been secured by ULHT.
- Cases handled by CAS 1 Apr 2019 – 31 Jan 2020: **97,431**
- Average CAS cases handled per month: **9,741**, peaking at **12,096** Dec 2019
- Average call-back wait: **56 minutes for all cases, 36 minutes for Emergency Department & Interim**. This is an improvement on the previous year

- Cases closed with no referral to any other service: **60%** - this is purely cases closed at CAS as self-care and does not include those passed to primary care centres, home visiting or other health care professional.
- Cases closed without being referred to Emergency Care: **90%**
- Minor injuries unit/UTC Attendances over the last 12 months: **123,697**. This is an **18%** increase on previous year.
- 4 hour wait performance last 12 months: **97%**

5. Changes During Covid-19

Clinical Assessment Service

The Clinical Assessment Service acted as a key part of the integrated urgent care offer during the Covid-19 incident response, with the use of telephone and virtual consultations. **LCHS noted a change in daily CAS activity by 21%, increasing from 329 daily cases to 399.**

Gainsborough and Spalding Minor Injuries Units

Gainsborough and Spalding Minor Injuries Unit temporarily suspended their 'walk-in' services on 8 April and 7 April 2020 respectively, owing to minimal activity and the x-ray facilities no longer being available. **Activity at Gainsborough saw a reduction in 90% of attendances, reducing from a daily average of 40 to 4 attendances. Activity at the Spalding Minor Injuries Unit during Covid-19 peak saw a reduction in 82% of attendances, reducing from a daily average of 34 to 6 attendances.**

Patients continue to be able to access full range of services. However any person requiring a face to face (not virtual) consultation or an x-ray examination are signposted to an alternative venue, which will not be in Spalding. Any patient with additional needs continues to be able to access appropriate services. Staff have been redeployed into alternative services or aligned to work in the CAS to maximise resources in this area of service.

Louth and Skegness Urgent Treatment Centres

Since 23 March 2020 'walk-in' services at Louth and Skegness UTCs have been suspended between 10 pm and 8 am. **Louth UTC attendances were reduced by 82% with average daily attendances going from 67 to 12. Skegness UTC attendances were reduced by 84% with average daily attendances reducing from 69 to 12 daily.** Between 8 am and 10 pm patients have been able to access urgent care service during the peak of Covid-19. Between 10 pm and 8 am patients continue to be triaged via 111 and signposted to ensure appropriate care is provided. Patients may be signposted to alternative service providers as appropriate.

Grantham Urgent Treatment Centre

Lincolnshire Community Health Services NHS Trust (LCHS) has been providing a temporary Urgent Treatment Centre (UTC) on the Grantham and District Hospital site since 22 June 2020. The decision to introduce a temporary UTC was taken by the United Lincolnshire Hospitals NHS Trust Board of Directors on 11 June 2020, as part of plans to provide a Covid-19 free 'green' site at Grantham.

As part of this transition of service, it has led to the integration of a ULHT and LCHS workforce providing the community a 24/7 walk in model. This has allowed temporary changes to clinical pathways to support ULHT in their efforts of creating a green site. Under LCHS operational management, Grantham will receive similar care as delivered at our other outstanding UTC sites and we are actively working with our stakeholders within primary care and the East Midlands Ambulance Service.

6. Consultation

This is not a direct consultation item.

7. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

This report supports the objectives of the Lincolnshire Joint Health and Wellbeing Strategy.

8. Conclusion

The Committee is requested to consider the information on integrated urgent care, as delivered by Lincolnshire Community Health Services NHS Trust.

9. Background Papers

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

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