

Urgent Care update

Health and Adult Care Overview and Scrutiny Committee

Recommendation

That the Health and Adult Care Scrutiny Committee the committee notes the report and agrees to future consideration of this issue when appropriate.

1. Overview of urgent care system

1.1. Each year 12.5 million patients self-present to Emergency Department (ED) services in England, some estimates suggest that up to 3 million people who come to ED each year could have their needs addressed elsewhere in the urgent care system.

1.2. Both urgent and emergency care services play a specific part in supporting patients to receive the right care by the right person, as quickly as possible.

1.3. It is important to understand the difference between urgent and emergency care -

- **Emergency:** Life threatening illnesses or accidents which require immediate, intensive treatment. Services that should be accessed in an emergency
- **Urgent:** An illness or injury that requires urgent attention but is not a life-threatening situation



2. Existing urgent and emergency care provision across Devon

Current community urgent care provision

2.1. Current urgent and emergency care provision across Devon, includes:

East	North	South	Western
1 Urgent Care Centre		1 Urgent Care Centre	1 Urgent Care Centre
2 Minor Injuries Units	2 Minor Injuries Units (currently closed, replaced by GP led service)	2 Minor Injuries Units (currently closed)	2 Minor Injuries Units
3 GP led Minor Injuries Services	1 Resource Centre (integrated service with a GP practice)		
2 Wall in Centres (one of which is temporarily closed)			
11 GP Minor Injuries Local Enhanced Service	7 GP Minor Injuries Local Enhanced Service		14 GP Minor Injuries Local Enhanced Service

2.2. The picture across Devon is varied, there is different nomenclature for services that provide similar care and even where services share a name, this does not necessarily mean that they share the same specification, availability of diagnostics or hours of operation.

2.3. There is significant variation in the cost of community urgent care services across Devon with the cost per care episode with no apparent rationale.

2.4. A number of issues persist that impact on patients' ability to access urgent care in a community setting:

- Ability to recruitment of suitably qualified and experienced clinicians
- Smaller services are vulnerable to temporary, often short notice closure as a result of staff sickness where no alternative cover can be sourced at short notice
- The quality of service differs between different facilities

Integrated Urgent Care Service (IUC) (incorporating 111 and the Out of Hours primary care service)

- 2.5. Devon Doctors provide Devon's IUC services which includes 111 and primary care out-of-hours service. The out-of-hours service is available 6pm to 8am on weekdays and 24 hours over weekends and bank holidays.
- 2.6. There is currently significant pressure on all IUC services across the country with all providers struggling to deliver national targets in relation to the speed at which calls to 111 are answered.
- 2.7. Devon CCG is currently in the process of re-procuring the IUC service.

Current acute urgent care provision

2.8. University Hospital Plymouth NHS Trust (UHP)

- UHP is the largest hospital in the south west peninsula, providing comprehensive secondary and tertiary healthcare.
- The trust's geography gives it a secondary care catchment population of 450,000. UHP has the ED with the greatest number of attendances in Devon per year and is a major trauma centre.
- Outside of the period affected by Covid-19, the trust sees between 8,000 and 10,000 patients per month. This equates to a figure in the region of 300 per day.

2.9. Royal Devon and Exeter (RD&E)

- The RD&E provides services to a population of around 450,000 people.
- The department is currently undergoing redevelopment to expand resus capacity from three to eight patients and to create a children's ED. Outside of the period affected by Covid-19, the trust sees between 8,000 and 10,000 patients per month. This equates to a figure in the region of 300 per day.

2.10. North Devon District Hospital (NDDH)

- NDDH is the most remote acute hospital in mainland England, at over 1.5 hour's drive away from its nearest neighbouring acute hospital.
- Outside of periods impacted by Covid-19, NDDH sees between 4,000 and 5,000 patients per month, equating to approximately 150 patients per day.

2.11. Torbay and South Devon Hospital (TSD)

- TSD serves a resident population of approximately 286,000 people, plus about 100,000 visitors at any one time during the summer holiday season.
- Outside of periods impacted by Covid-19, TSD see approximately 6,500 patients per month which translates into an average of 217 patients per day.



- 2.12. Data available to the CCG shows that a significant number of patients are currently attending the EDs with conditions which could safely and effectively, and indeed more appropriately, be treated outside of an acute ED setting.

3. Integrated Urgent Care (IUC)

What are we doing - short term

Integrated Urgent Care Service (IUC) (incorporating 111 and the Out of Hours primary care service)

3.1. Commissioners and the provider are working closely together to ensure that the IUC service can maximise its contribution to the Devon urgent care system a number of ongoing initiatives are outlined below:

- Ongoing work on recruitment, retention and workforce strategy
- Implementation of Enhanced Clinical Validation (ECV), the process by which primary care and acute clinicians with a high level of experience and/or seniority are used to validate initial outcomes of ED or 999 generated by the risk averse NHS Pathways system. These clinicians have an increased ability to downgrade calls with 999 or ED initial outcomes to low acuity or self-care settings
- Increased use of remote working options to support flexible working

4. What are we doing – longer term

4.1. The CCG with system partners has established a programme of work as part of Devon's Long-Term Plan entitled "Effective navigation of patients through the urgent care system". The focus of the programme is designed to ensure that:

- People with urgent care needs get the right care in the right place, first time
- Fewer patients are required to make multiple visits to the same or different sites
- Duplication (for example of triage) is significantly reduced
- Devon ICS delivers the national aspiration associated with the 111 First Programme
- Fewer people present inappropriately to the emergency department with conditions that can be treated in an alternative environment

4.2. The IUC service plays a fundamental role in the delivery of these aspirations. Key elements of the programme include:

- Promoting the use of NHS 111 as a primary route into all urgent care services



- Full implementation of ECV
- Securing direct access to acute Same Day Urgent Care services
- Increasing the numbers of patients booked into other services such as ED and community urgent care
- Ensuring that patients who contact 111 with mental health issues are effectively directed to specialist mental health advice and assessment

5. Community Urgent Care

What are we doing - short term

- 5.1. Ilfracombe and Bideford Minor Injury Units (MIUs) were closed at the start of the COVID-19 pandemic. This allowed their highly skilled MIU staff to be redeployed to the ED, where extra space and staffing was needed to provide a COVID-safe service.
- 5.2. COVID-19 infection control guidelines are still in place at North Devon District Hospital, meaning there is an ongoing need for the additional space and staffing in the main ED.
- 5.3. Ongoing GP support is in place Monday to Friday to provide a minor injury service in the GP practices, nearest the MIUs that are temporarily closed in Ilfracombe and Bideford
- 5.4. Similarly, in response to the pandemic, the Torbay and South Devon Foundation Trust agreed with the CCG that the MIUs in Dawlish and Totnes would be closed. COVID-19 and the additional challenges arising from social distancing, infection control processes and screening requirements increased pressures on both the staffing model and service delivery.
- 5.5. Staff have been consolidated at Newton Abbot Urgent Treatment Centre (UTC) supporting a greater ability to provide a robust, safe and efficient service that provides the best possible patient experience within Covid-19 and infection control regulations.
- 5.6. It remains the case that the MIUs cannot be safely staffed without compromising the delivery of safe patient care within the main ED and UTC and so the MIUs remain temporarily closed.
- 5.7. Both Trusts are actively recruiting to their workforce, once recruited and backfilled, the MIU staff will be available to return.
- 5.8. Newton Abbot (UTC) is 9.4 miles from Totnes Community Hospital and 9.3 miles from Dawlish Community Hospital with all three towns on the main London to Penzance train line as well as local bus services. Newton Abbot UTC is open 7 days a week 8am to 8pm with radiology 9am to 5pm. The



South Hams population is also serviced by South Hams MIU in Kingsbridge which is 13 miles from Totnes Community Hospital and is open 7 days a week 9.00am to 5.00pm with radiology Monday-Friday 9am to 5pm

What are we doing – longer term

- 5.9. Devon CCG has embarked upon a major programme of work looking at what the right community urgent care offer is for Devon. The aim of the programme is to design and put in place a community urgent care offer that can provide care for patients in the lowest acuity setting appropriate for their condition.
- 5.10. This is, only those who require an emergency response attend ED, and those appropriate for treatment in the community receive this. By doing this, we will improve patient experience, reduce ED over-crowding and deliver national requirements.
- 5.11. The programme has a number of workstreams that are being progressed with input from clinical and non-clinical stakeholders from across the system.
- Building the workforce: Ensuring that going forward we have sufficient numbers of suitably qualified and experienced clinicians within the Devon system to safely and effectively deliver the future model of urgent care
 - Designing what will be delivered in different community urgent care settings: Establishing service specifications for local Urgent Treatment Centres (UTC) and the minor injuries enhanced primary care service
 - Exploring the option of co-locating UTCs on acute trust sites: There is evidence to suggest that doing this has the greatest possible positive impact on reducing overcrowding in EDs, thereby preserving ED services for the most critically ill and injured patients
 - Maximising the role of community pharmacy: Optimising existing community pharmacy services and introducing new, innovative services to support patients for whom pharmacy is the right intervention
 - Standardising clinical practice: Ensuring that patients receive the same high quality of care in each community urgent care setting
 - Understanding the ED case mix: Understanding which patients truly need to be in the ED and who can be treated in an appropriate alternative
 - Travel time modelling: Supporting the decisions required on where Devon's community urgent care settings should be
 - Developing proposed costed options for the future model of community urgent care for Devon

6. Communications

- 6.1. We are taking a one team approach with the system communication leads and have agreed the following:



- A shared system communication plan – based on themed weeks, including coordinating media handing and spokespeople
- Joint briefing for A&E boards – we are attending each of the A&E boards across the system and doing a joint presentation with provider comms leads.
- Fortnightly ‘system communications intelligence update’ – from November we will issue a fortnightly update to operational leads that shows comms actions across the system, up and coming activities, outputs and any trends with service performance i.e. 111 calls and website hits, A&E attendances, online consultations, HANDi App downloads etc

6.2. NHS 111 and the introduction of Think 111 First Promotion of the Think 111 First model as an urgent care pathway will continue this winter. Patients will be directed to contact 111 (online or by phone) before attending ED. Once they have been assessed by 111, they will be given an arrival time for their local ED, or appropriate service.

6.3. The Devon Think 111 First Programme Board was established in 2020 to plan and implement the new model, according to local feedback, knowledge and expertise. A communications and engagement strategy is in place as part of this programme.

6.4. The NHS 111 strand of the Help Us Help You (HUHY) runs nationally with TV advertising, video on demand, social media and partnerships. The aim of this campaign strand and messaging is to drive understanding of the role and capabilities of NHS 111 and to increase the number of people contacting 111 when they have an urgent medical need so that they can be directed to the most appropriate service.

6.5. The CCG has been working with NHS partners to launch a new local campaign to promote the NHS 111 online and telephone service during 2021, aligned with a national campaign that launched last winter.

6.6. Using local insight and findings from engagement about people’s experience of using 111, the CCG has been working with a local marketing and design agency on developing a new 111 campaign that targets both residents and visitors to raise awareness of the service and reassure people about using it.

6.7. The first phase of the campaign launched at the end of May 2021 ahead of the May Bank Holiday and particularly targeted visitors in Devon, using links with local hospitality and accommodation owners (through district councils) and with Visit Devon. The next phase of the campaign for the winter period will focus on residents of Devon. [The full Think 111 First toolkit](#) is available on Dropbox for all partners to access.



6.8. Based on our Think 111 First programme, our priority target audiences and the highest numbers of 'unheralded' attendances to ED across our trusts are:

- Visitors
- Parents of young children
- Men under 40

Minor Injury Units

6.9. Individual trusts will determine when and how to promote local minor injury units, urgent treatment centres and walk-in centres based on demand and capacity throughout the winter period. Localised materials to promote these services have been developed as part of the Think 111 First campaign.

7. Our system winter plan

7.1. The Devon winter plan has been refreshed and includes key system wide action:

- A system winter room approach, with clear system processes and escalation
 - A clear COVID (blue-green) escalation plan across south, east and north Devon
 - Work with Collaborative Boards and PCNs to further strengthen business continuity plans, extending mutual aid arrangements and revising operational processes to ensure that the most urgent needs continue to be met.
 - Roll out of enhanced clinical validation to increase the percentage of cases validated to 90% or above.
 - Remote working solutions, improved advertising of opportunities and expansion of the Plymouth call centre, to address longstanding capacity issues within the IUCS, alongside work to increase the number of patients who can be appropriately directed into mental health services.
 - Work to align all hospital handover systems with ECIST best practice to reduce delays.
 - Additional system support to the ambulance service, through a 24/7 paramedic advice line, comprehensive directory of services and the early implementation of the urgent community response 2-hour programme, by November 2021.
 - From 1 November, the community urgent response service will operate 7 days a week between 8am and 8pm.
 - A comprehensive mental health service offer across both DPT and Livewell, for children and young people, adults and older adults.
 - A detailed paediatric RSV surge plan.
 - Comprehensive vaccination programmes for COVID boosters and seasonal Flu.
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- A COVID Oximetry at Home service and virtual wards.
- A focus on discharge processes in locality plans.
- A clear and comprehensive communication strategy.

7.2. As part of the winter planning, both local and system escalation plans have been reviewed and updated, to support providers both in and out of hours and with a focus on system escalation triggers and actions at OPEL 3 and 4.

7.3. A Devon wide UEC Summit was held in early October, to look at the current and anticipated pressure across Devon, agree solutions and key actions to be taken. Subsequently, a second meeting was held to focus on the Torbay and South Devon urgent care system. The agreed actions from these summits are being progressed.

