

# LCA Transformation Update

including Urgent Care

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# LCA key priorities

- Full mobilisation of key priorities for April 2019
  - 5 Integrated Neighbourhood Teams
  - An integrated intermediate tier of services
  - A single point and offer of rapid response for the workforce for patients they are concerned about
- Working differently across the workforce for 'in scope services' from April 19 – LCA Management Team will be responsible for delivery in an integrated way
- Long term strategic and financial planning supported by:
  - Detailed delivery plans for the next 3 years
  - New approach to contracting and outcomes for in scope services
- Supporting resilience over winter
  - D2A provision decided in view of longer term transformation intent and including the principles of transformation for an integrated community facility
- Focus on elective during 19/20 which will likely have biggest impact during 20/21
- Working with OCO to ensure GM deliverables are on track for implementation

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# Successes so far

- Integrated Neighbourhood Teams in 2 localities
- 1 neighbourhood focusing on design and mobilisation of care home support model
- 1 neighbourhood focusing on the the design and mobilisation of the single point of rapid response
- Green Car
- Bury Directory and One Community offering a greater range of opportunities for citizens
- Integrated Virtual Clinical Hub
- Urgent Treatment Centre due to go live on the 5<sup>th</sup> Nov

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# What will be different on the 1<sup>st</sup> April 2019

- Integrated Neighbourhood Teams (P6)
- Integrated Intermediate Tier (P6)
- Single point of rapid response for the Borough (P6)
- The early help offer (P2)
- Integrated End of Life provision (P6)
- Health trainers in place delivering the integrated wellness service (P3)
- Workplace health team expanded (P3)
- Falls pathway in place (P3)
- Support offer to care homes (P6)
- New deal for carers and social prescribers tendered (P1)

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# Principles of Neighbourhood working

Neighbourhood teams that consist of GP's, social care, community care and VCFA staff at their core, will be operational by April 19. The teams will have :

1. Single line management by 5 INT leaders, reporting to a single post in the LCA management team
2. Co-located community health, adult social work and VCFA staff in neighbourhoods supporting the delivery of high quality primary care
3. Joint access to case management systems and access to relevant care records
4. Risk stratified identification of cohorts, from the beginning of INTs going live
5. Mental health services fully integrated into the teams at an operational level
6. Attendance at MDT meetings by AHP's, the End of Life Team and clinical staff from the NCA who reside in Borough wide / hospital wide services
7. Connectivity to PSR hubs where these are in place
8. Easy access to rapid response and step-up facilities

The model and blueprint will build upon the learning from current MDT working

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# Focus for April 19: Home first priorities

- Managing high risk patients through the neighbourhood teams
- Effective step up/down facility to support patients in the community
- Single point of rapid response for the workforce
- Integrated end of life service

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# Gearing up for 19/20

- Milestones, financial profile and benefits / system management matrix being updated for the MBA to be complete by December
- Integrated approach to planning and contract negotiations
- Alignment of LCO plans for in scope services, CCG QIPP and provider CIP's
- Detailed financial and benefit plans in place for programmes 1-5 with P6 being completed by mid-December
- Forecasts are being finalised for 18-19 and indicate a £4m outturn spend
- Completion of the internal Bury Investment agreement will identify financial plans over future years including the £4m local contribution (currently estimated at £7m per annum 19/20-20/21).

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# Urgent Care: What has changed so far?

## **Bury Transformation Plan Theme 5: Transforming Urgent & Emergency Care**

Developing and Integrated Urgent Care System in Bury

### **What was the problem?**

The challenges in Bury echo that in most other health systems with rising demand for urgent care services marked by increasing numbers of 999 calls, A&E attendance and non-elective admissions. The urgent care system has multiple entry points and it can be confusing to patients with a tendency to default to A&E.

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# Urgent Care: What has changed so far?

## What was the solution?

Bury Locality Care Alliance providers have been working with commissioners to develop a more integrated urgent care system for Bury. This is a long term programme but three projects were identified as priorities:

- 1) **A paramedic Green Car** – NNAS is the provider and the aim of the Green Car is to provide an expanded local see, treat and connect response to lower acuity 999 calls. The service operates 7 days a week 12 hours a day.
- 2) **An Integrated Virtual Clinical Hub [IVCH]** – to provide local telephone based clinical assessment and where required direct booked access to GP and OOH appointments. The provider is BARDOC and the service operates 7 days a week during the out of hours period.
- 3) The development of an **Urgent Treatment Centre** at Fairfield General Hospital. The UTC operates as a minor injury and illness unit and is a partnership between Northern Care Alliance, BARDOC and Bury GP Federation. It operates 7 days a week, 12 hours a day.

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# Urgent Care: What has changed so far?

## What were the results?

**1) Green Car:** This was successfully mobilised with 12 hours a day 7 days a week operation in September 2018. In October the Green Car attended over 170 incidents and 77% of these resulted in a see and treat response [compared with about 27% for a conventional paramedic crew]. This means the Green Car scheme is enabling significantly more people to be treated and looked after at home.

**2) IVCH:** This was successfully mobilised in September 2018 with a higher than expected call volume over the first two months of operation. In October the IVCH received over 1300 calls from Bury residents with over 93% receiving self-care advice or a primary care appointment or visit.

**3) Urgent Treatment Centre:** The UTC opened on 5<sup>th</sup> November 2018 with mobilisation of the full operating model being phased over the first 3 weeks of November. In the first 5 days of operation 115 patients were streamed from A&E to the UTC – c15% of A&E attendances.

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# Urgent Care: What has changed so far?

## What were the learning points?

**Relationships are the key** – The Green Car's success in enabling a high proportion of patients to be safely treated and cared for at home is down to the work put in by the paramedics in developing positive relationships with GP practices and community health and social care providers. In contrast some of the challenges in developing the UTC have resulted from the limited time and opportunities for engagement with and the development of relationships between the UTC and A&E clinical teams.

**Be pragmatic** – Develop the ultimate vision but be clear about what can be realistically delivered within the timeframe.

**Develop early clarity about organisational roles and responsibilities** – This is especially important in a complex project with multiple partners.

**Develop a core project team** – having a consistent, committed membership is essential to delivery.

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# Urgent Care: What has changed so far?



## Green Car

"Big thumbs up, excellent service. No negatives".

"I think that this is the way forward to preventing unnecessary hospital admissions by providing accurate and effective and safe care to the patient. I would like to see this service extended to my main practice area".

"All positives no negatives".

"I had a very satisfactory consultation with the car paramedic who effectively was able to prevent a hospital admission, and assessed the patient very thoroughly and phoned me from the patient's house and we were able to formulate an effective plan for this patient's care".

"..... the GP was more than satisfied with the management plan instigated for the patient and the avoidance of a hospital A&E admission. We would definitely use the service again".

"the green car scheme had prevented an ambulance attendance".

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