

Meeting: Strategic Commissioning Board			
Meeting Date	03 August 2020	Action	Consider
Item No	7	Confidential / Freedom of Information Status	No
Title	Urgent Care By Appointment		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	David Latham, Programme Manager Bury OCO		
Clinical Lead	Dr Kiran Patel, Medical Director Bury LCO		
Council Lead			

Executive Summary
<p>The GM Urgent and Emergency Care Programme Board have collectively agreed a strategic approach to the development of an Urgent Emergency Care (UEC) by Appointment model and its alignment with the soon to be launched, NHS 111 First.</p> <p>While the proposal is to develop a GM-level model, the emphasis is on locality-developed service models based on the needs of patients, supported and connected by digital solutions where possible.</p> <p>The UEC by Appointment programme aims are to reduce the number of people attending A&E with conditions that can be treated via self-care or elsewhere in the community. The aim is to keep this figure at 25% lower than pre-Covid 19 levels.</p> <p>This briefing explains the concept and model further, considers its impact for Bury and details progress to date.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Note the proposed development • Support the concept whilst acknowledging that this is being adapted to best suit Bury • Note the progress to date • Agree to receive further updates as required

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Yes

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Within the direction of travel nationally and locally for Urgent Care					
How do proposals align with Locality Plan?	Within the direction of travel nationally and locally for Urgent Care					
How do proposals align with the Commissioning Strategy?	Within the direction of travel nationally and locally for Urgent Care					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Register?						
Additional details	Equality, Privacy or Quality Impact Assessment will need to be completed when plans are further clarified.					

Governance and Reporting		
Meeting	Date	Outcome

Strategic Commissioning Board

Urgent and Emergency Care By Appointment Briefing as at 17.7.20

1 Introduction

In Bury the COVID recovery programme for health services is being driven through the Health and Social Care Board. To do this several recovery groups have been established each with a local organisational and Senior Responsible Officer lead identified.

For Urgent Care the Bury Local Care Organisation (LCO) has been identified to lead on recovery and has established a multi organisation group called the Urgent Care Programme Board to deliver this agenda.

As with the other recovery groups the Urgent Care Programme Board is following the OCO Programme Management approach.

2 Urgent Care Programme Board

The Urgent Care Programme Board is chaired by the Medical Director for Bury LCO, with Director of Transformation and Delivery for the LCO identified as SRO. In order to support the work plan for the group the LCO have engaged Programme Management support.

The remit of the Urgent Care Programme Board is:

- To implementation of the recommendations from the Bury Urgent Care Review
- To implement the UEC GMHSCP Priorities:
 - Complete Clinical Assessment Service (CAS) development
 - Review and agree MDT community-based response model for urgent 2 hours and same day as part of the development of integrated urgent care services (for physical, mental health and care needs)
 - Review and agree Streaming and SDEC model
 - Implementation of GM Discharge to Assess Pathways Guidance
 - Implement UEC By Appointment

See appendix one for a breakdown of the workstreams within the remit of the Urgent care Programme Board.

3 Urgent And Emergency Care By Appointment Strategic Fit For Bury

The GM model for Urgent and Emergency Care by Appointment fits with the strategic intention as laid out in the recent Bury Urgent Care Redesign. This sought to:

- redesign our urgent care system to simplify how services are accessed when you need them, improving the patient experience
- Speed up how soon patients are seen in A&E

- Reduce the number of unplanned hospital admissions
- Deliver a better urgent care system and better value for the money we invest in our health services.

GMHSCP have asked CCGs/OCOs to ensure a briefing on UEC by Appointment is taken to Strategic Commissioning Boards. The focus of this briefing is to explain the UEC by Appointment concept/model to SCB and update on progress locally.

4 Urgent and Emergency Care by Appointment Model

4.1 Concept

The GM Urgent and Emergency Care Programme Board have collectively agreed a strategic approach to the development of a UEC by Appointment model and its alignment with the soon to be launched, NHS 111 First.

While the proposal is to develop a GM-level model, the **emphasis is on locality-developed service models based on the needs of patients** - supported and connected by digital solutions where possible.

The UEC by Appointment programme aims are to reduce the number of people attending A&E with conditions that can be treated via self-care or elsewhere in the community. The aim is to keep this figure at 25% lower than pre-Covid 19 levels.

4.2 Why are we doing UEC by Appointment

- The model helps to deliver the outcomes of the recent Urgent Care Review
- Many people can be managed by advice and support remotely
- Helping patients to be seen in the right place, right time and the right place
- Keeps patients and staff safe by controlling flow of patients into ED to avoid large numbers at any one time and support social distancing
- In line with national and GM direction of travel for urgent care.

4.3 The Model

The Model that comprises of:

- 'Call before you go to ED' or 111 First
- Clinical Assessment Service (GM and locality-level)
- Local as early as possible – where clinically appropriate, connect patients with local clinicians or services quickly
- Book patients into appointments wherever possible – to site/service or response to place of residence
- For those that self-present, acute-based pre-ED triage and streaming
- Locally agreed referral pathways (community-based and acute-based)
- Digitally linked across GM

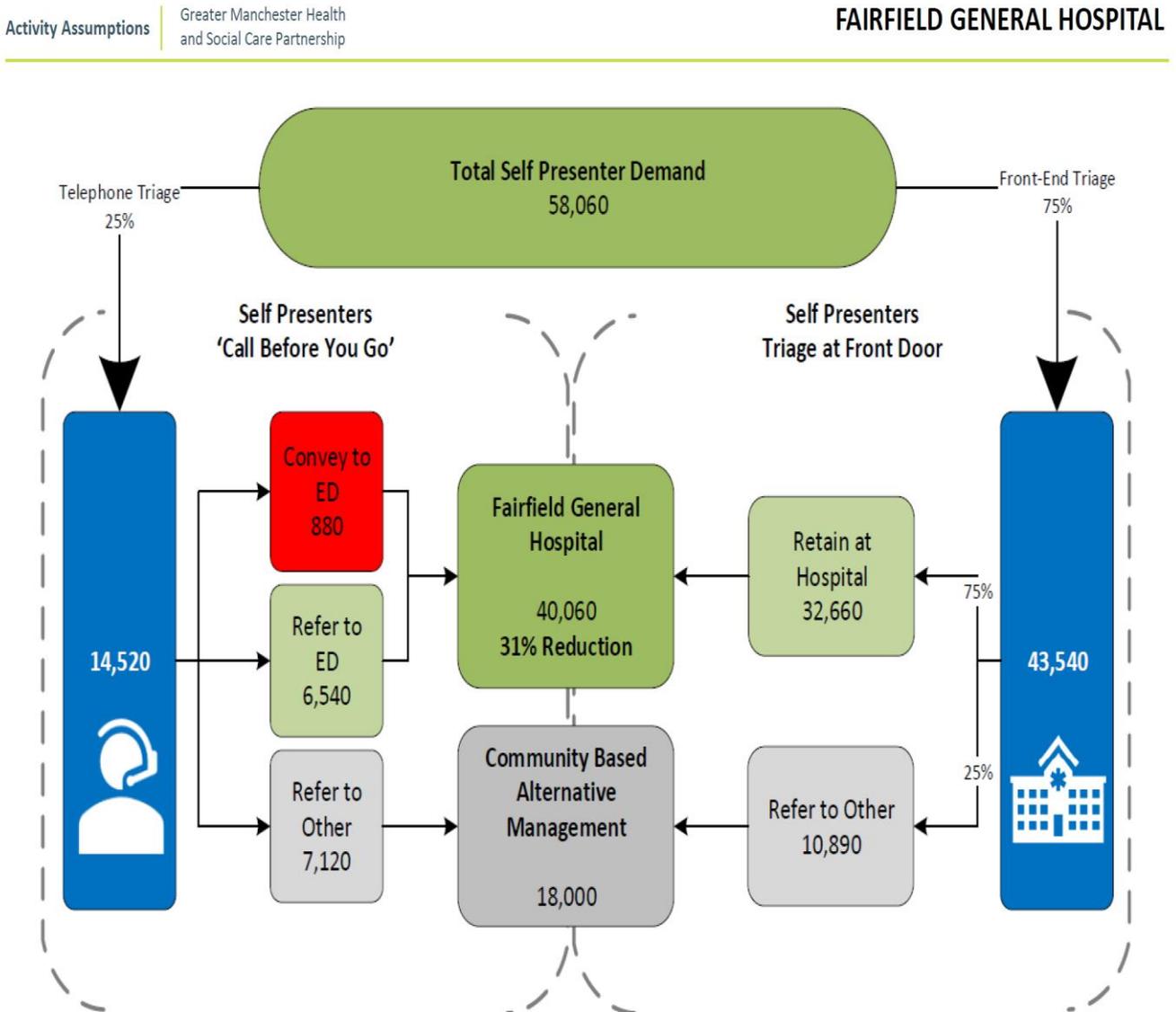
- Consistent 24/7 service offer

Within the model it is hoped, through local and nation communications, patients will ring 'NHS 111 First' instead of self-presenting at A&E. Patients will be given advice or an appointment for ED, primary or community care.

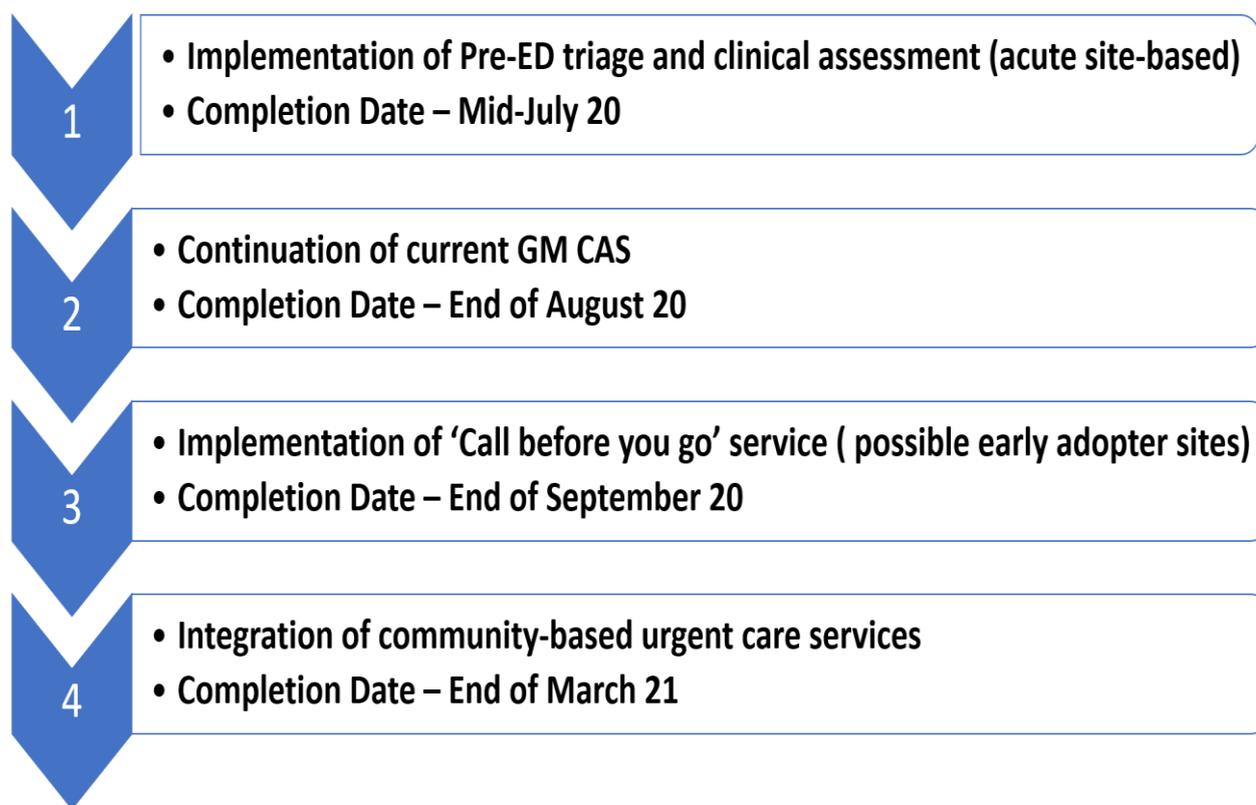
For those patients that still self-present at A&E they will be receive an assessment and then may be re-directed to an appointment in ED, primary care or community care.

4.5 GM Activity Assumptions

GMHSCP have modelled across GM what a 25% reduction would look like. The model for FGH, below, shows the total A&E 'self-presentation' number 58,060 and assumes that 25%, 14,520, will call before they go. It also assumes that for the remaining 75%, 43,540, locally redesigned triage and systems can deflect a further 25%, 10,890, away from A&E in to suitable local alternatives. Please note that the figures below are for all FGH attendances which will include circa 30% from HMR CCG.



4.6 GM 4 Phase timescales



5 Local Progress

Bury is keen to progress the UEC by Appointment model. The aspirations of the proposed model fit perfectly with the direction of travel for Bury identified through the Urgent Care redesign.

The progress to date includes:

- The Urgent Care Programme Board currently meets every two weeks and UEC by Appointment is a standard agenda item
- A programme Charter has been developed which outlines key tasks and milestones
- Programme Manager has commenced in post
- UEC by Appointment modelling meeting took place on 30th June 2020
- UEC by Appointment Clinical Workshop took place on 7th July 2020
- Meetings set for 17.7.20 and 20.7.20 to look at Data and Pathways, Developing Pre-ED triage and Options for booking and referring people
- Data analysis is underway to align ED activity with likely pathway demand for out of hospital services, including FGH, NMGH, and HMR
- Pathway development is under way, aligning with GM pathway iterations for wider circulation and sharing across the system at the clinical workshop on 28th July
- Definitions of pre-ED, streaming and triage have been drafted along with key operating principles, inclusive of shared understanding across acute, mental health, social care and out of hospital services for consideration at the clinical workshop on 28th July.
- Bury Clinical and Operational leads identified for UEC by Appointment

- Bury is represented on the GM UEC Pathway and Oversight Group
- GM Urgent and Emergency Care by Appointment Locality Readiness and Next Steps document completed and submitted to GM
- GM have established a progress return required every two weeks. The Bury submission as at 16.7.20 is attached for information as appendix two.

6 Emerging Issues/Risks

- Mental health – governance, capacity and pathways
- Supporting digital solutions – will need local decision points, inter-operability is key
- Estates – Covid requirements, capital availability, and likely delays
- Achievement of GM milestones vs. NHSI /E
- Management of public expectation and supporting communications
- Uncertainty regarding funding position, requiring review of financial assumptions.
- Interdependence with HMR on the FGH site
- Need to capture bury patients that self-present at NMGH

7 Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the proposed development
- Support the concept whilst acknowledging that this is being adapted to best suit Bury
- Note the progress to date
- Agree to receive further updates as required

David Latham

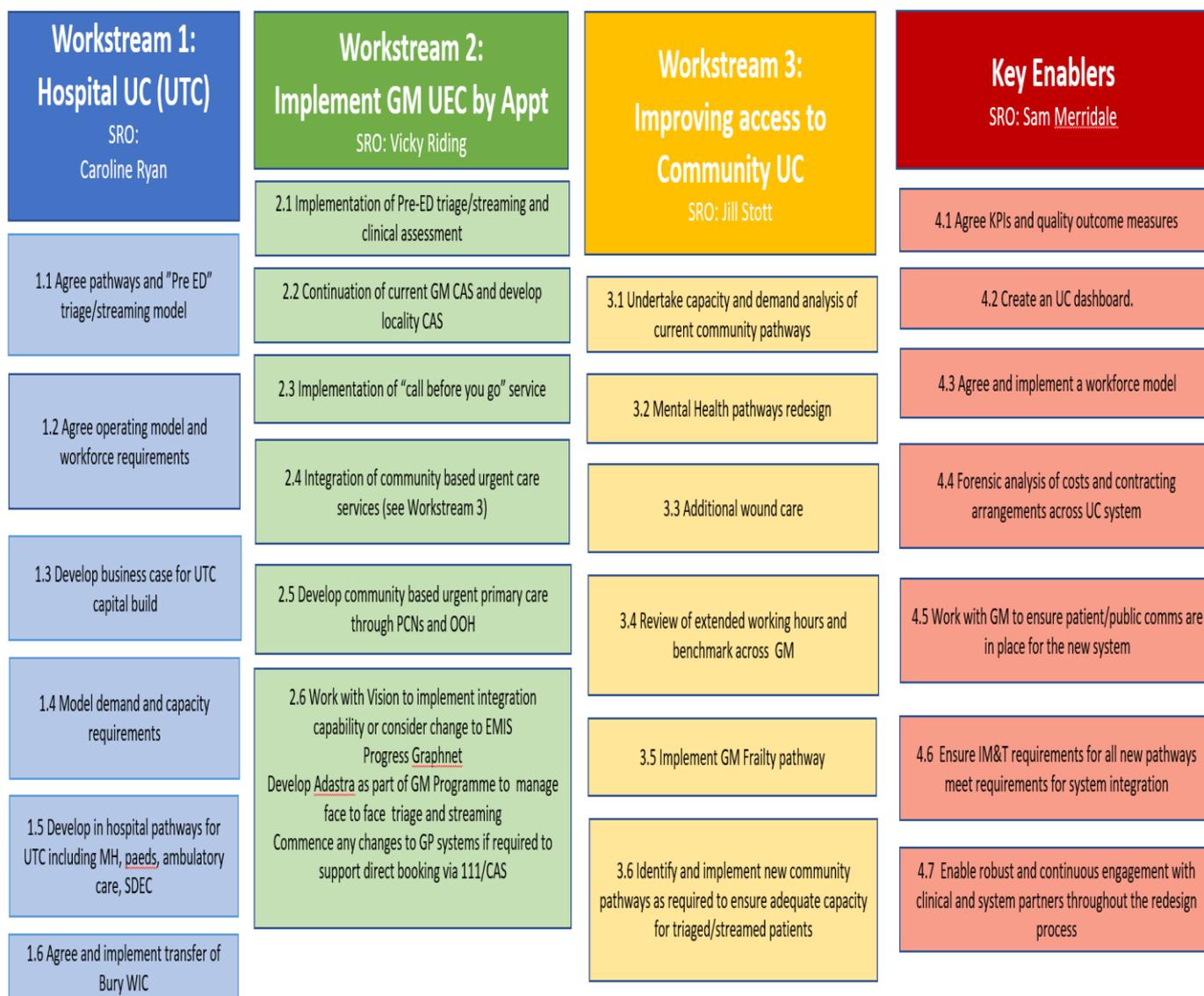
Programme Manager

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July 2020

Appendix One: Urgent Care Programme Board Workstreams

Bury Urgent Care Programme – 16th July 2020



Appendix Two: GM UEC By Appointment Progress Return 16.7.20

RETURN TO
LOCALITY
NAVIGATION PAGE

Greater Manchester Health
and Social Care Partnership

UEC BY APPOINTMENT – BURY

ACUTE-BASED PRE-ED TRIAGE AND ASSESSMENT SERVICE			'CALL BEFORE YOU GO' TRIAGE AND ASSESSMENT SERVICE				
Locality Actions		Narrative	Status	Locality Actions		Narrative	Status
Identify locality clinical and operational leads for UEC by Appointment	26 June 2020	Dr Kiran Patel – Primary Care Janet Stanton – Ass. Director Nursing PAHT Caroline Ryan – PAHT Ritesh Shetty - Secondary Care - PAHT Vicky Riding Dr Zahid Chauhan _ BARDOC	Complete	Readiness to go-live by mid Sept 2020 as early adopters	03 July 2020	Yes	Complete
Review and confirm the locality activity modelling assumptions	03 July 2020	Confirm the modelling for Fairfield site, however it is estimated 30% of the activity through the department will be HMR patients. Need to confirm Bury numbers at North Manchester General Hospital Is this 25% of total walk in to Fairfield?	Complete	Review and confirm the locality activity modelling assumptions	10 July 2020	Confirm the modelling for Fairfield site, however it is estimated 30% of the activity through the department will be HMR patients. Need to confirm Bury numbers at North Manchester General Hospital Is this 25% of total walk in to Fairfield?	Complete
Confirm what services or pathways will be available (acute and community-based) post-triage or assessment	03 July 2020	Current pathway already in existence include: GP visiting service? GP Practice Extended Hours Ambulatory Care Bury Urgent Treatment Centre Rapid response Team Mental Health services Urgent Dental However it is noted that further work surrounding pathway links will be required. Clinical workshop arranged for w/c 6 th July.	Likely Delay	Identification of locality CAS capacity to receive referrals from telephone triage service and if any additional GM CAS capacity would be required for out of hours/overnight etc.	10 July 2020	Can this be clarified – does this refer to telephone triage capacity or face to face?	Likely Delay
Confirm locality arrangements for referring and/or booking patients into acute and community-based services	10 July 2020	ADASTRA available to direct book into Bury Urgent TC and direct from ED ADASTRA available to transfer cases from 111 – 999 Direct booking available into extended working hours Vision ACU - Accessed through the GP referral bleep covered by the Acute Physicians	Likely Delay	Confirm if there is an intention to link the locality CAS to the acute-based pre-ED triage and assessment service (i.e. single provider, alliance-type model, co-located etc.)	10 July 2020	Yes that is our intention, modelling to be worked through.	Complete
Confirm any risks/concerns regarding capacity, digital interoperability, finance etc. and if any further help or support is required	10 July 2020	Social distancing Compatible IT system IG arrangements Capital for estates work Capacity of additional services Public response to new models of care	Complete	Confirm current or planned digital systems within the locality CAS including ability to access patient records and booking / referral processes	17 July 2020	ADASTRA linked with GM Graphnet / Summary Care record / child protection system	Complete
Implementation of pre-ED triage and assessment service	20 July 2020	Based on these timescales likely delay. Need single access point and directory of options both acute and community	Likely Delay	Confirm what services or pathways will be available (acute and community-based) post-assessment	24 July 2020	GP visiting service? GP Practices Extended Working Hours Bury Urgent Treatment Centre Rapid response Team Mental Health services Urgent Dental Virtual Hospital Integrated Neighbourhood Teams Palliative Care Meetings now arranged to confirm.	On target

