

Adult Commissioning Committee

Part 1

Agenda item number: 6

Item for: Decision/Assurance/Information

11 November 2020

Report of: Urgent Emergency Care (UEC) by Appointment

Date of paper: 30 October 2020

Subject: Development of an Urgent Emergency Care by Appointment system in Salford

In case of query please contact: Stephen Tilley – Tel No 07789 741978 (Stephen.tilley@nhs.net)

Strategic priorities (please mark with an X which priorities the paper relates to)

Priority	Selection
Quality, Safety, Innovation and Research:	X
Integrated Community Care Services (Adult Services):	X
Children's and Maternity Services:	X
Primary Care:	X
Enabling Transformation:	X

Purpose of paper:

Further explanatory information required

Question	Answer
How will this benefit the health and wellbeing of Salford residents or the Clinical Commissioning Group?	Salford Patients will be able to access more appropriate services to support their clinical condition
What risks may arise as a result of this paper? How can they be mitigated?	N/A
What equality-related risks may arise as a result of this paper? How will these be mitigated?	Equality Impact Assessment completed and circulated to appropriate boards for comment
Does this paper help address any existing high risks facing the organisation? If so what are they and how does this paper reduce them?	Reducing overcrowding in Salford's Emergency Department and protecting staff and patients exposure to COVID-19
Please describe any possible conflicts of interest associated with this paper.	N/A
Please identify any current services or roles that may be affected by issues within this paper.	N/A

Footnote:

Members of Adults Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Document development

Process	Yes	No	Not applicable	Comments and date (i.e. presentation, verbal, actual report)	Outcome
Public engagement (Please detail the method i.e. survey, event, consultation)			X		
Clinical engagement (Please detail the method i.e. survey, event, consultation)			X		
Has 'due regard' been given to Social Value and the impacts on the residents of Salford socially, economically and environmentally (including climate change)?			X		

Process	Yes	No	Not applicable	Comments and date (i.e. presentation, verbal, actual report)	Outcome
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			X		
Legal advice sought			X		
Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments)			X		

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work

Urgent Emergency Care (UEC) by Appointment

1. Executive summary

- 1.1 Improving the way urgent care, advice and treatment is delivered featured in the annual plan and priorities Adult Commissioning Committee approved in July 2020. At its September meeting the committee received a brief update on local Urgent & Emergency Care Redesign and noted a fully update would be provided in November.
- 1.2 This document describes the development of a Salford Urgent Emergency Care by Appointment programme. It describes the two models that are being developed to support this programme:
- Implementing Pre-ED Registration Steaming
 - Call before you attend

2. Background

- 2.1 In January 2020, prior to the current COVID-19 crisis, the Greater Manchester (GM) Improvement and Transformation Board approved a high level urgent care by appointment model as a refreshed priority for Urgent Emergency Care (UEC). The primary ambition for this model is reduce attendances to Emergency Departments (ED) by improving access to and utilisation of, primary and community based services. This is to be achieved by rapidly developing and testing a GM UEC by Appointment model. The final stages of the programme planning were suspended by the COVID-19 response during March.
- 2.2 A discussion paper on the re-design of UEC was developed and discussed at the GM Hospital Gold Command Cell. It identified that, in order to prevent a re-start ethos and to engender a re-design approach, some core principles were required. These echoed the sentiments shared by the Royal College of Emergency Medicine who, in their position statement of 6th May 2020 asked for 5 fundamental aims to be supported:
1. EDs must not become reservoirs of nosocomial infection for patients
 2. EDs must not become overcrowded ever again
 3. Hospitals must not become overcrowded again
 4. Emergency care must be designed to look after vulnerable patients safely
 5. EDs must be safe workplaces for staff

2.3 These were further expanded with some suggested core principles proposed for the re-design of unplanned care:

- A Home First principle is adopted
- Social distancing and robust Infection Prevention and Control (IPC) standards are applied where hospital attendance is required
- Care is based upon a prioritisation of clinical need. If there isn't a clinical need for an ED attendance, for example where the enhanced support of Resuscitation or Majors care in ED is required, then entry into ED is not supported.
- Patients hospital care, where needed, is directed to the appropriate location at the outset, minimising multiple staff contacts
- Optimal patient flow is maintained at all times in all wards and departments – a no waiting ethos
- Resource is placed where the re-designed need is identified
- Staff exposure and therefore risk is reduced to the lowest possible levels

2.4 To support these principals and aims it was agreed in GM that in order to support these principals, localities should move towards a booked appointment system for all EDs and where appropriate, move unplanned care into planned care support. GM asked localities to focus on three principals:

- Providers should take practical and pragmatic steps to reduce the risks of overcrowding in ED departments
- Patients would be triaged on arrival in A&E and be redirected to alternative local provision including primary/community/mental health and other care providers.
- Patients will call an offsite service, be triaged and directed to attend ED if appropriate. No walk in patients would be seen unless their condition was life or limb threatening

3. UEC by Appointment

3.2 To meet these challenges NHS England/Improvement (NHSEI) has mandated a UEC by Appointment programme across the country. In parallel to the GM discussions NHSE/I has mandated:

- Call first for advice, triage or assessment
- Answer and assess/triage in a timely manner
- Local as early as possible – where clinically appropriate, connect patients with local clinicians or services quickly by eliminating non-value adding steps or delays
- Book patients in to appointments wherever possible – to site/service or to respond to place of residence

- A consistent 24/7 service offer
- 3.2 Though the programme is not envisaged to go nationally live until December 1st 2020, Salford has developed an UEC programme designed to reduce the risk of overcrowding within the ED in Salford by reducing the numbers of self-presenter attendances. This is being achieved in 2 phases:
- Implementing Pre-ED Registration Streaming
 - Call before you attend
- 3.3 Both these services are supported by Salford's own Local Clinical Assessment Service (LCAS) which has been established with the support of Salford Primary Care Together (SPCT) and builds on an already established and operational Clinical Hub that they operate for a variety of services across Salford. The LCAS is staffed by GP's and Senior Nurses.
- 3.4 The following sections describe the pathways in place in Salford for this programme and Appendix 2 shows these in a diagram.

4. Pre-ED Registration Streaming

- 4.1 Since the 24th August 2020 Salford has been operating a Pre-ED Registration Service from 8am to 8pm, 7 days a week. Initially the service was only for adult patients at launch but paediatric pathways have been tested since 18th October 2020. This service has yielded on average 40+ patients a day being streamed away from the ED and to more appropriate services. This represents 20 to 30% of all adult patients self-presenting at the ED. This service went live following two successful tests of change (ToC) projects carried out in August 2020. These involved having two Advance Nurse Practitioners (one from Acute and one from Primary Care) at the front door assessing all ambulatory self-presenters and directing them into the ED or booking them in to an alternative, more appropriate clinical service. This service was supported by the development of a LCAS based in Salford. The ToCs resulted in 20+% of self-presenters being directed to more appropriate alternative services and follow up calls saw high levels of service user satisfaction.
- 4.2 Following the ToC's and the subsequent go live date, all ambulatory patients attending the ED are met by the two nurse streamers who act as care navigators. They either pass patients to ED or book suitable patients in to the LCAS. All patients being booked in to the LCAS hub will have had their observations checked. Patients who may be suitable for primary care / community based services have their observations checked within 10 minutes of arrival. This includes a quick red flag review to ensure that the observations are within acceptable ranges and exclusion criteria are met. This is based on existing pathways currently used within primary care streaming, co-developed with ED and Paediatric Assessment Decision Area (PANDA) colleagues. All suitable

patients are booked in to the Salford LCAS and registered on the ADASTRA system. All patients should receive a call back within 30 minutes. Patients can wait for the call back in their cars (when it is safe for them to do so) and do not need to wait in the main waiting room.

- 4.3 For patients where an immediate call back is required, for example for those waiting in ED, or patients who do not have a contact number and need to use the onsite telephone, they are connected to the LCAS directly. The LCAS, where possible will aim to address the needs of the patient during the assessments. This may include sign posting to more appropriate services, self-management or other community based services including pharmacies. Where clinically appropriate, patients can be booked back in to their own GP, extended access clinics, onsite GP or be referred to community nursing as indicated.
- 4.4 Salford has an onsite GP based on the Salford Royal NHS Foundation Trust (SRFT) site but this service is only used for patients in whom it is likely that a secondary care review may be needed. This may include patients who need fast track referral to a speciality. Patients where it would not be appropriate to deflect to services off site can also be booked in to see the onsite GP, but this is used as a last resort.
- 4.5 The GP on site will see patients who are either:
 - Out of area and therefore cannot be booked back in to practice.
 - Are likely to need secondary care review (i.e. direct to speciality) established.
 - Patients where it is felt an onsite review is indicated for clinical reasons (borderline cases or those of a more acute nature).
- 4.6 The GP on site, when not seeing patients, also supports the activity of the LCAS. Patients are also being booked into Extended Access, Out of Hours, Musculoskeletal services Specialities within the hospital and Community Services. An Appointment book system is operating for primary care streaming patients. Wherever possible before patients are given an appointment to be seen by the primary care streaming GP on site, deflection off site to their own GP, extended access and GP OOH appointments will be attempted. For those patients who are unable to be deflected off site, an appointment time will be given. If the wait to be seen is longer than 30 minutes then patients will be advised to wait in their cars and return at the appointment time if it is safe to do.
- 4.7 Since going live, Salford has continued to improve existing pathways and develop new clinical pathways to support this service; for example, musculoskeletal services and diverting patients straight to speciality. Though this service was originally only available for adult patients SRFT are looking to develop a paediatric pathway and initial testing of this pathway started on the 19th October 2020. In addition, the service is implementing a mental health pathway that supports the agreed GM protocols. The Salford system also intends to introduce a Deep Vein Thrombosis (DVT) pathway which is expected to go live in November 2020. Salford Care Organisation (SCO) will

continue to develop the full range of appropriate community services to support streaming. Salford has the most developed system operating across GM and at the time of writing this update it is the only fully operative service. (See Appendix 2 for GM UEC by Appointment patient Journey).

5. Call Before You Attend – Update

- 5.1 The second part of the UEC by Appointment programme is the implementation of a Call Before You Attend model, where patients are encouraged to ring NHS 111 before they attend the ED. This expansion of the NHS 111 service provision is being badged 'NHS 111 First' and additional capacity for the national NHS 111 teams has been identified and is being established in order to meet key performance indicators of this service. Along with Bolton, Salford is an early adopter having gone live with this service on 22nd October 2020. Using an agreed list of dispositions (See Appendix 1 List of dispositions and expected call numbers), calls to NHS 111 will trigger the redirection of information to Salford's LCAS which will ring the patient back in an allotted time. The patient will be advised of this time frame. The LCAS will aim to support self-management where possible, offer advice and guidance, convert care into planned from unplanned if it is safe to do so and direct patients, when required, into the most appropriate services, ideally on a booked basis.
- 5.2 Salford's LCAS is operating 24/7 and is being provided by SPCT supported by an expanded, existing clinical hub. Phone calls to NHS 111 from Salford patients who match the disposition list, will result in the Salford LCAS being sent a message from NHS 111 to contact the patient within an agreed timeframe and in doing so support the patient appropriately.
- 5.3 Some localities are considering using a GM Clinical Assessment Service but Salford has adopted a Salford LCAS. This means care is delivered to our local population using local clinicians who are very familiar with the community based alternatives within Salford. Primary and secondary care colleagues have a high degree of clinical confidence in the service. A small LCAS may not be sufficient resilient to deliver a consistent, quality service but the approach adopted has been to integrate the LCAS into other local urgent care services, rather than create a separate service. This increases service resilience and brings financial benefits.
- 5.4 The modelling assumes a shift of 25% of current ED self-presenters calling NHS 111 First, which will result in a 48% increase in NHS 111 activity and outcomes. The aim is to decrease the number of patients advised to directly attend the ED and increase the number of calls going to the LCAS for clinical assessment first.

- 5.5 All dispositions requiring a response within two hours would be passed to the LCAS for assessment and face to face review if required. Calls requiring a six hour response may still be passed to the patient's own GP.
- 5.6 The LCAS service will need some additional clinical cover within the clinical hub to meet the anticipated increased call volumes (modelling indicates circa 46 calls per day). However there is resilience within the clinical hub to flex the teams to meet increased demand.
- 5.7 The clinical hub that supports the LCAS currently already offers assessments for:
- COVID Assessment Service for primary and secondary care
 - NHS 111 calls (existing calls and GP OOH activity)
 - Urgent and Emergency Care by Appointment front door demand management
- 5.8 The LCAS meets all of the requirements set out by the Greater Manchester Health and Social Care Partnership (GMHSCP).

6. Operational and Governance Groups Supporting This Programme

- 6.1 To ensure there is appropriate oversight of the project, an Urgent Care Redesign Strategy Group meets weekly to monitor programme objectives and mitigate any potential challenges to implementation. This group continues to be supported by senior directors from across the Salford locality (including the Third Sector).
- 6.2 To direct and support any operational implementation of this programme, an UEC by Appointment Operational Group meets fortnightly to resolve any immediate issues. This is supported by senior managers/directors from across the locality including patient representatives and Third Sector bodies.
- 6.3 Clinical governance is being supported as part of the already established Extended Primary Integrated Care (EPIC) Governance Group which has senior clinical representation from across the system and meets monthly.
- 6.4 A memorandum of understanding (MoU) has been developed between the Salford Care Organisation (SCO) and SPCT which includes clear Key Performance Indicators (KPI) for all parties involved. This MoU also includes Mental Health obligations.
- 6.5 An Equality Impact Assessment has been completed and has been discussed at appropriate organisational boards across the Salford locality and signed off. This can be viewed on request.

7. Finance

- 7.1 An UEC by Appointment Finance Group with representation from the finance teams of the SCO, Salford Clinical Commissioning Group (SCCG) and SPCT has been meeting to discuss immediate and future recurrent funding for this programme. In what is a challenging financial climate for 20/21, it is expected that the project will be able to be funded until the end of March 2021. Discussions continue over future incremental costs to the system and if/how services will be funded beyond that date on a recurrent basis. It is anticipated that the new UEC model will require recurrent investment in Primary Care services, so a business case will be presented to the Primary Care Commissioning Committee for decision before the end of the financial year, Adults Commissioning Committee will be kept up to date on the financial implications.

8. Data

- 8.1 A data group meets monthly with support from senior BI representatives across SCCG, SCO and SPCT. This group is concentrating on developing automated recording and reporting platforms so that outputs can be quickly assessed and decisions can be made based on appropriate data. This group is also reviewing ways in which patients' can be followed up to provide feedback on the service and ensure they do not attend multiple locations.

9. Communication

- 9.1 NHSE are intending to provide a national launch programme from 1st December 2020 for the UEC by Appointment model. Salford CCG and SRFT communication teams are in discussion with both GMHSCP and NHSE to ensure that any activity in Salford reflects the national and regional plans. GMHSCP has advised that at this point in time the model should be accompanied by a soft launch. This is being delivered by staff supporting the service who will explain the positive changes to the patient journey when patients interact with the model.

10. Risks in introducing this model

- 10.1 Staffing – Much of the staffing is short term contracts. This has the potential to increase costs and run the risk of highly skilled clinical staff leaving the programme to obtain more permanent roles. SPCT and Salford CCG continue to discuss this issue at their regular contract meetings.

- 10.2 Finance – Future funding beyond March 2021 has still not been agreed and this poses a potential threat to the continuation of the programme.
- 10.3 If IT interoperability across the various organisations involved in the programme cannot be achieved then patient information cannot be shared and recorded appropriately. In addition, future integration with other localities hinges on the interoperability of IT systems.

11. Benefits of the introduction of a UEC by appointment model

- A reduction in ED self-presenter
- Support primary care capacity
- Manages current risks and limitations of GP Connect
- Improved safety through early access to senior clinical advice
- Improved ability to measure outcomes and demonstrate achievements of programmes aims
- Improved patient experience of accessing urgent care services
- Delivers a mandated requirement from NHSE

12. Recommendations

12.1 The Adult Commissioning Committee is asked:

- to review the document for information and comment
- to support the continued development of the UEC by Appointment programme
- to note a business case is being prepared and will be presented to a future meeting of Adult Commissioning Committee
- to note a business case is being prepared and will be presented to a future meeting of Primary Care Commissioning Committee

Stephen Tilley

Senior Service Improvement Manager – Urgent Emergency Care (Salford Clinical Commissioning Group)

Appendix 1 – List of dispositions and expected call numbers

Additional Calls to the LCAS

Salford Locality	Daily Activity	LCAS	
DX05 To contact a Primary Care Service within 2 hours (in hours)	11	X	
DX35 Speak to Clinician from our service within 2 hours (in hours)	1	X	
DX93 Speak to the GP Practice within 1 hour [3 calls within 4 days] (in hours)	0	X	
DX016 Non-emergency Ambulance Response Category 4	1	X	
DX11 Speak to a Primary Care Service within 1 hour (in hours)	7	X	
DX012 Non-emergency Ambulance Response Category 3	16	X	
DX02 Attend Emergency Treatment Centre within 1 hour	8	X	
DX03 Attend Emergency Treatment Centre within 4 hours	2	X	
Daily Totals	46		

Appendix 2 – GM UEC by Appointment patient journey

