
COUNTY DURHAM AND DARLINGTON URGENT CARE STRATEGY 2015-20

SUMMARY REPORT

Purpose of the Report

1. This report informs members of the Health and Partnerships Scrutiny Group of the process followed to develop the County Durham and Darlington Urgent Care Strategy 2015-20 including engagement undertaken and how this has helped develop the final version.

Summary

2. The strategy attached as Appendix 2 has been developed by the County Durham and Darlington System Resilience Group (SRG). It has been shaped by the standards encompassed within NHS England's Planning Guidance, Everyone Counts 2015/16 to 2019/20, key National and local reviews of urgent and emergency care services, NHS England's Five Year Forward View and the Eight High Impact Interventions for urgent and emergency care (Appendix 3).
3. The local vision, objectives and action plan for the strategy are all in line with the National strategic approach for urgent and emergency care.
4. During August and up to 18 September the final draft of the strategy has made its way through Clinical Commissioning Group Governance Structures and key engagement meetings including Patient Reference Groups and Overview and Scrutiny Committees for information. At this stage groups have been asked to provide feedback on any errors or omissions that need to be corrected ahead of the final strategy being endorsed by the Health and Wellbeing Boards in both County Durham and Darlington.
5. As part of this process the strategy has been approved by Darlington Clinical Commissioning Group's Management Executive, Governing Body, Community Council and Joint Management Team.
6. It is recognised that this is a high level strategy that requires some next steps specific to Darlington to operationalize the strategy. These will include consideration of how the developing SeQUIS project will develop locally in Darlington, the impact of local developments of new models of care including Primary Care Frail Elderly, support for High Impact Users of urgent and emergency care services and the future plans for Darlington Memorial Hospital.

7. The strategy attached as Appendix 2 was approved at the System Resilience Group on 9th October 2015.
8. In Darlington the key priority that has been identified for urgent and emergency care is the need for integration between emergency and urgent care services, particularly within the Accident and Emergency Department within Darlington Memorial Hospital.
9. Supported by National evidence about what works well Darlington Clinical Commissioning Group are working with County Durham and Darlington NHS Foundation Trust to reconfigure the existing Accident and Emergency Department within Darlington Memorial Hospital to enable an integrated emergency and urgent care service to be delivered 24/7. The aim is to provide local people with equitable access to sustainable, high quality, safe and effective urgent and emergency care services at the right time and in the right place.

Recommendation

10. It is recommended that:-
 - (a) Members of the Health and Partnerships Group acknowledge the progress that has been made to develop the strategy to date and support the progression of the strategy for endorsement at the Darlington Health and Wellbeing Board on 19th January 2016.

**Jackie Kay, Assistant Chief Officer
Darlington Clinical Commissioning Group**

Background Papers

Appendix 1- County Durham and Darlington Urgent Care Strategy 2015-20
Appendix 2 - Eight High Impact Interventions for Urgent and Emergency Care

Anita Porter, Commissioning Manager, North of England Commissioning Support Unit, 0191 3742751
anita.porter@nhs.net

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
One Darlington: Perfectly Placed	N/A
Efficiency	Actions within the strategy will result in a more efficient use of resources and pathway for patients for urgent and emergency care services.

MAIN REPORT

Information and Analysis

National Context

11. The Transforming Urgent and Emergency Care Review¹ proposed a new National vision urgent and emergency care which has now been adopted and is being heavily promoted by NHS England. The National vision has two key aims:
 - (a) People with urgent but non-life threatening needs must have a highly responsive, effective and personalised service outside of hospital – as close to home as possible, minimising disruption and inconvenience for patients and their families.
 - (b) People with serious or life-threatening emergency needs should be treated in centres with the very best expertise and facilities in order to reduce risk and minimise their chances of survival and recovery.

12. NHS England have recently published further guidance to help local commissioners and providers understand the practical elements of the vision and are providing support to facilitate local implementation. The main elements of the National approach underpinning the aims of the vision are:
 - (a) **Self-care** – through more easily accessible information about self-treatment option, pharmacy promotion and better access to NHS 111.
 - (b) **Right advice or treatment first time** – through an enhanced NHS 111 service which is easier to access and supported by a range of clinicians.

¹ Transforming urgent and emergency care services in England. Urgent and emergency care review end of phase one report *High quality care for all, now and for future generations*. Professor Sir Bruce Keogh, November 2013

- (c) **Faster, convenient, enhanced service** – to General Practice, primary and community care services aimed at providing care as close to home as possible and prevention unnecessary admissions to hospital.
 - (d) **Identify and designate available services in hospital based emergency centres** - aiming to ensure that urgent and emergency care services work cohesively together as an overall Urgent and Emergency Care Network so that the whole system becomes more than just a sum of its parts.
13. In addition to the above there has been a great deal of learning resulting from the challenges experienced throughout the urgent and emergency care system during Winter 2014/15. Some of the key messages from NHS England have included:
- (a) Higher patient acuity resulted in longer length of stay especially frail elderly.
 - (b) The impact was earlier and lasted the whole winter and the system struggled with flow through the system including discharge.
 - (c) It was a relatively mild winter with no major flu outbreak which leads to the question could the system have coped under a different scenario.
 - (d) The NHS111 service faced similar unprecedented demand, dealing with 4.6 million calls this winter –which is an increase of one million calls or 27% on last winter. NHS111 call handlers and support reduced unnecessary pressures on A&E and emergency ambulance services by directing people to the right place for their care such as GPs, walk-in centres or pharmacists. Of all the calls triaged, just 11% had ambulances dispatched and 7% were recommended to Accident and Emergency (A&E).
14. With this learning from Winter 2014/15 NHS England developed eight High Impact Interventions for urgent and emergency care that are designed to provide focus for local commissioners and providers on elements of the system which are crucial to be in place to ensure effective patient flow and patient experience within urgent and emergency care services. These eight High Impact Interventions are **must do's**. Local System Resilience Groups are required to provide assurance to NHS England that these high impact interventions are fully met. Any gaps in full achievement will be challenged by NHS England.
15. To support the implementation of the National vision on a regional level the current Urgent Care Network is in the process of being replaced by a new Urgent and Emergency Care Network.
16. These new groups will work across several Clinical Commissioning Group geographical areas, and provide strategic oversight and improve the consistency and quality of urgent and emergency care by addressing together challenges in the urgent and emergency care system that are difficult for single System Resilience Group's to achieve in isolation.

Local Context

17. The County Durham and Darlington System Resilience Group, which is a sub group of the Health and Wellbeing Board, has developed the County Durham and Darlington Urgent Care Strategy 2015-20 and has overall responsibility for

the capacity planning and operational delivery across the health and social care system for urgent and emergency care. The local System Resilience Group will be responsible for overseeing the implementation of the Urgent Care Strategy locally.

18. The SRG is chaired by the Chief Clinical Officer from Durham Dales, Easington and Sedgefield Clinical Commissioning Group with representation from North Durham Clinical Commissioning Group, Darlington Clinical Commissioning Group, both Local Authorities and all key stakeholders involved in the delivery of urgent and emergency care across County Durham and Darlington.

19. In line with the National vision, the local vision for urgent and emergency care that has been developed is:

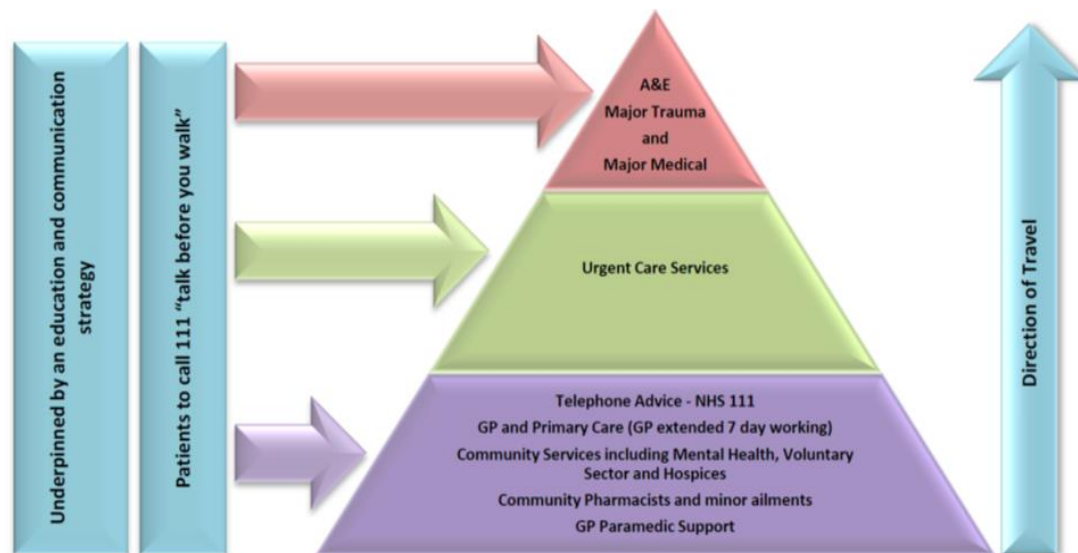
'Patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.'

20. This vision incorporates the whole urgent and emergency care system from pharmacies, GP Practices and other primary care services, secondary care community services and acute hospital provision.

21. To implement the vision, the identified actions have been aligned to seven objectives:

- (a) People are central to designing the right systems and are at the heart of decisions being made.
- (b) Patients will experience a joined up and integrated approach regardless of the specific services they access.
- (c) The most vulnerable people will have an a plan to help them manage their condition effectively to avoid the need for urgent and emergency care
- (d) People will be supported to remain at their usual place of residence wherever possible
- (e) The public will have access to information and guidance in the event of them needing urgent or emergency care.
- (f) The patient will be seen at the right time, in the right place, by a person with the appropriate skills to manage their needs.
- (g) The patient will not experience any unnecessary delay in receiving the most appropriate care.

22. The County Durham and Darlington System Resilience Group would like to ultimately see the following model commissioned for patients requiring urgent and/or emergency care.



23. The main focus of the model is the availability of a range of community based services including pharmacy, promotion of self-care, NHS 111, GP Paramedic Support, extended primary care joined up with secondary community care services providing a timely and effective service to patients who are quickly and safely directed to access the relevant service to meet their presenting health needs.
24. For those with urgent needs they will be quickly and safely directed to attend an urgent care service and those with serious or life threatening health conditions will be quickly, safely and effectively assessed and treated in an Accident and Emergency Department.
25. The County Durham and Darlington Urgent and Emergency Care Strategy 2015-20 is a high level strategy with each Clinical Commissioning Group responsible for developing implementation plans including appropriate local engagement to deliver on actions they have responsibility for leading on.
26. Implementation of the strategy is focused on a collaborative approach across commissioners and providers, developing an evidence based urgent and emergency care system, with equitable access to high quality, safe and effective urgent and emergency care services at the right time and in the right place, that comfortably achieves the constitutional standards for urgent and emergency care.
27. It is important to note that the urgent and emergency care system locally, is inextricably linked to wider regional provision as acute hospitals provide mutual aid to each other at times of pressure and the North East Ambulance Service being responsible for the co-ordination and response to both emergency and urgent healthcare needs through 999 services and NHS 111 across the region.
28. For this reason the action plan within the strategy identifies both local and regional actions with the regional actions. Local actions will be the responsibility of local commissioners and providers across County Durham and Darlington. SRG members will contribute to the development and delivery of regional actions

but overall responsibility will sit with the Urgent and Emergency Care Network for the implementation of these actions across the region to ensure consistent service and effective use of resources.

29. The System Resilience Group has identified three key priorities to focus on currently. They are:
- (a) Implementing the Perfect Week at both University Hospital of North Durham and Darlington Memorial Hospital to help improve patient flow processes and thereby patient experience;
 - (b) A number of local primary care and community based initiatives focused on Managing Demand;
 - (c) Improvement to Discharge Management processes to facilitate quicker discharges for those with complex needs.

Outcome of Consultation

30. The strategy has been developed in conjunction with all relevant commissioners and providers involved in urgent and emergency care services. It incorporates urgent care engagement work that all three Clinical Commissioning Groups across County Durham and Darlington have undertaken.
31. The initial draft of the Urgent Care Strategy was consulted on through System Resilience Group partners during winter 2014/15. In February 2015 it was taken to Darlington's Unit of Planning for discussion and feedback. Following feedback received the strategy has been significantly revised and updated to:
- (a) Incorporate feedback received, including that received from Darlington's Unit of Planning and Darlington Clinical Commissioning Group's Management Executive;
 - (b) Progress in local and regional urgent and emergency care Developments;
 - (c) Learning from Winter 2014/15;
 - (d) Recent guidance on implementing the National vision for urgent and emergency care, locally.
32. During August/September 2015 all Clinical Commissioning Groups have shared the final draft of the strategy with their Patient Reference Groups, including Darlington's Community Council, and other local engagement meetings. Groups were invited to feedback on any errors or omissions and to make suggestions about how best to implement the strategy within each local area and who else needs to be involved.
33. In Darlington the Joint Management Team requested further detail on County Durham and Darlington NHS Foundation Trust's (CDDFT) plans for Darlington Memorial Hospital. This has been captured in the strategy action plan and the Direction of Operations from CDDFT has agreed to take a paper to the Joint Management Team to provide more detailed information.
34. The feedback has been categorised as follows:

- (a) Positive feedback supporting the strategy;
 - (b) Suggestions that need to be addressed in the final strategy;
 - (c) Lengthy document;
 - (d) Feedback relating to local implementation – to be addressed by local CCG's;
 - (e) Feedback relating to the national approach and therefore must do's;
 - (f) Suggestions about who needs to be involved in implementation.
35. From suggestions made the following key areas were addressed:
- (a) 95% target data provided for separate hospital sites, University Hospital of North Durham and Darlington Memorial Hospital in Appendix 3;
 - (b) The word 'prescribing' removed from the local model in reference to 'community pharmacy';
 - (c) Explanation of 'Whole Systems Approach' added to glossary;
 - (d) Section 6. Title amended from 'What do we want?' to 'What we want' to reflect the positive;
 - (e) Section 5. 'Where are we now?' order revised so that community and primary care services appear first and A&E last to mirror the local and national model. Wording not changed.
 - (f) Wording added at the top of the Action Plan to clarify that reducing demand is a whole systems approach and not just the responsibility of any one partner;
 - (g) Additional action 2.5 to strengthen the need to develop the frail elderly pathway to specifically proactively support those at risk of a hospital admission;
 - (h) Additional action 7.5 to specifically capture the work being progressed at Darlington Memorial Hospital to include urgent care and improve care for patients;
 - (i) Arrow included in local model to reflect direction of travel from A&E to primary care/community services;
 - (j) Reference to new urgent and emergency care payment system added under Section 4 - National Guidance;
 - (k) There are a number of references to the strategy being a lengthy document. A summary version of the strategy and plan on a page will be produced when the strategy has been fully finalised.
36. North of England Commissioning Support Unit (NECS) Communications Team have proof read the document any spelling or grammatical errors have been addressed.
37. The final draft of the strategy was approved through all three Clinical Commissioning Group Executive Meetings and Governing Body Meetings during August/September 2015.
38. The strategy attached as Appendix 2 was approved at the System Resilience Group on 9th October 2015.

39. During the strategy implementation there will be need on occasion to undertake formal public consultation. In this event relevant organisations including Clinical Commissioning Groups will be responsible for ensuring due process is followed to enable effective and meaningful engagement and consultation in relation to the implementation of specific strategy actions.
40. In light of the above, and as this is a high level strategy it is recognised that this strategy will be updated over the life of the strategy to reflect local progress, local engagement feedback and any further national guidance.